


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90069 026 \*\*\*\*55.00

**DOCUMENT # L05000079599**

1. Entity Name  
**COURTNEY TRACE, LLC**



Principal Place of Business  
**100 COLONIAL CENTER PARKWAY, SUITE 470  
 LAKE MARY, FL 32746**

Mailing Address  
**100 COLONIAL CENTER PARKWAY, SUITE 470  
 LAKE MARY, FL 32746**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01062006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF ORLANDO  
 300 SOUTH ORANGE AVE., SUITE 1000 (DTO)  
 ORLANDO, FL 32801**

4. FEI Number  
**20-3446518**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2006**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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*Handwritten entry in column 10:*  
**MBR**  
**JOHN SCHAFFER**  
**100 COLONIAL CENTER PKWY, SUITE 470**  
**LAKE MARY, FL 32746**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *John A. Schaffer* **John A. Schaffer** **1/9/06** **407 333-0066**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #