## **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## FILED Apr 10, 2006 8:00 am Secretary of State

DOCUMENT # L05000086914  1. Entity Name MYAKKA TRACE ASSOCIATES, LLC								04-10-20	06 90047	015 ****50	.00
Principal Place of Business 8210 LAKEWOOD RANCH BLVD BRADENTON, FL 34202 US			Mailing Address 8210 LAKEWOOD RANCH BLVD BRADENTON, FL 34202 US								
2. Principal P	lace of Busine	ess	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03032006	Chg-LLC	CR2	E083 (11/05)		
City & State			City & State				4. FEI Numb	er		<del></del>	plied For t Applicable
Zip		Country	Zip	ip Country			Certificate of Status Desired     \$5.00 Additional Fee Required				
	6. Name	and Address of Current R	egistered Agent				7. Name and Address of New Registered Agent				
					Name						
SCHIER, J 8210 LAKE BRADENT	EWOOD R	ANCH BLVD		Street Address (P.O. Box Number is Not Acceptable)							
DIVADENT	ON, FL 32	<del>+</del> 202					,				
					City				F	Zip Code	9
	named entity	y submits this statement for tered agent.	the purpose of changing its	registere	ed office or	register	ed agent, or bo	th, in the State	of Florida. Ta	am familiar with,	and accept
SIGNATURE .	Signature typed (	or printed name of registered agent an	d title if applicable (NOTE	- Registere	d Agent signatu	re required	( when reinstating)		DA'	F	
		or printed to the distribution of the distribu	(10.10		o rigorit signato	- a roda-roa	,				
Fi Di	lling Fee i ue by May	s \$50.00 / 1, 2006								k payable to tment of State	,
9.		MANAGING MEMBER	J RS/MANAGERS <b>I</b> 10.				ADDITIO	ONS/CHANC	SES.		
TITLE	MGR	TO TO TAIN OF THE TOTAL OF THE	☐ Delete	TITL	F T			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5110) 01 11 110	☐ Change	☐ Addition
NAME	SCHIER,	JAME\$ R	L Bellete	NAM	I						
STREET ADDRESS 8210 LAKEWOOD RANCH BLVD				STRE	ET ADDRESS						
CITY-ST-ZIP	BRADENT	TON, FL 34202		CITY	-\$T-ZIP						
TITLE	MGR		☐ Delete	TITU	E					☐ Change	☐ Addition
NAME	NEAL, JOI			NAM							
STREET ADDRESS CITY-ST-ZIP	8210 LAKEWOOD RANCH BLVD BRADENTON, FL 34202				ET ADDRESS						
	BRADENI	ION, FL 34202		_	-ST-ZIP	70		G HEIM			<b>57</b>
TITLE NAME			☐ Delete	IIILI NAM	E S	Pri	SCILLA	WOUD RAN	JCH BIV	a □ Change	Addition
STREET ADDRESS					ET ADDRESS	82	and ento	n FL 34	202		
CITY-ST-ZIP	l				-ST-ZIP	<i> </i> Df	aa en i				
TITLE			☐ Delete	TITL	E			•••		☐ Change	☐ Addition
NAME				NAM	IE						
STREET ADDRESS					EET ADDRESS						
CITY-ST-ZIP				-	'-ST-ZIP						
TITLE			☐ Delete	TITL						☐ Change	Addition
NAME STREET ADDRESS				NAM							
STREET ADDRESS CITY-ST-ZIP					EET ADORESS '-ST-ZIP						
TITLE			☐ Delete	TITL			·			☐ Change	Addition
NAME				NAM						<u> </u>	
STREET ADDRESS				STR	eet address						
CITY-ST-ZIP	<u> </u>			- 6	(-ST-ZIP						
11. I hereby indicated limited lis	certify that the	e information supplied with rt is true and accurate and t ny or the repeiver or trustee	this filing does not qualify fo hat my signature shall have empowered to execute this	the exe	emptions co le legal effe s required l	ntained ct as if r	in Chapter 119 made under oat oter 608, Florida	, Florida Statute h; that I am a n Statutes.	s. I further con nanaging me	ertify that the info mber or manage	rmation er of the

ING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE