

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 24, 2006 8:00 am
Secretary of State

08-24-2006 90001 040 ****55.00

DOCUMENT # L05000089139					
1. Entity Name TRACY LIPSCOMB, LLC					
Principal Place of Business 1527 GRADUATE CT LEHIGH ACRES, FL 33971			Mailing Address 1527 GRADUATE CT LEHIGH ACRES, FL 33971		
2. Principal Place of Business 3285 Cypress Legends Cir. Suite, Apt. #, etc. Apt # 903 City & State Ft. Myers, FL Zip 33905 Country U.S.A		3. Mailing Address 3285 Cypress Legends Cir. Suite, Apt. #, etc. Apt # 903 City & State Ft. Myers, FL Zip 33905 Country U.S.A			
07012006 Chg-LLC CR2E083 (11/05)				4. FEI Number 20-3448502	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LIPSCOMB, TRACY L 1527 GRADUATE CT LEHIGH ACRES, FL 33971				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 September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIPSCOMB, TRACY L 1527 GRADUATE CT LEHIGH ACRES, FL 33971	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3285 Cypress Legends Cir. #903 Ft Myers FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIPSCOMB, MIKE 1527 GRADUATE CT LEHIGH ACRES, FL 33971	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3285 Cypress Legends Cir #903 Ft Myers, FL 33905
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <i>Tracy Lipscomb</i>				Date <i>7-26-06</i> Daytime Phone # <i>239-357 7473</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

Tracy L. Lipscomb