FILED
May 16, 2006 8:00 am
Secretary of State
03-10-2006 90129 023 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000098440

1. Entity Name
~~TRACY~~ PFLUGE LLC
TRACE

Principal Place of Business
~~PO BOX 640~~ 2903 Shell LN
LABELLE, FL ~~33975~~ 33935

Mailing Address
PO BOX 640
LABELLE, FL 33975

30008568

01272006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
2903 Shell Lane	
Suite, Apt. #, etc. LaBelle FL 33935	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-3570022 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
PFLUGE, RICHARD
PO BOX 640
LABELLE, FL 33975

7. Name and Address of New Registered Agent
Name: Richard PFluge
Street Address (P.O. Box Number is Not Acceptable): ~~2903 Shell Lane~~
City: LABelle FL Zip Code: 33935

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 ______ Signature, typed or printed name of registered agent and title if applicable (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	MGR PFLUGE, RICHARD PO BOX 640 LABELLE, FL 33975	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: Richard Pfluge