

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000099878

**FILED**  
**Feb 28, 2006**  
**Secretary of State**

**Entity Name:** TRACY PATE INTERIORS, LLC

**Current Principal Place of Business:**

312N. DAVIS ST.  
PENSACOLA, FL 32501

**New Principal Place of Business:**

312 N. DAVIS HWY  
PENSACOLA, FL 32501

**Current Mailing Address:**

312N. DAVIS ST.  
PENSACOLA, FL 32501

**New Mailing Address:**

312 N. DAVIS HWY  
PENSACOLA, FL 32501

**FEI Number:** 20-2957430

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PATE, TRACY F  
214 CHURCH ST  
PENSACOLA, FL 32502 US

**Name and Address of New Registered Agent:**

PATE, TRACY F  
312 N. DAVIS HWY  
PENSACOLA, FL 32501 US

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.

**SIGNATURE:** TRACY F. PATE

02/28/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** PATE, TRACY F  
**Address:** 214 CHURCH ST  
**City-St-Zip:** PENSACOLA, FL 32502

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** PATE, TRACY F  
**Address:** 312 N. DAVIS HWY  
**City-St-Zip:** PENSACOLA, FL 32501

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** TRACY F. PATE

MGRM

02/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date