

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108535

FILED
Apr 26, 2006
Secretary of State

Entity Name: TRAKS, LLC

Current Principal Place of Business:

1000 BROWARD RD
518
JACKSONVILLE, FL 32218

New Principal Place of Business:

11160 BEACH BLVD
131
JACKSONVILLE, FL 32246

Current Mailing Address:

1000 BROWARD RD
518
JACKSONVILLE, FL 32218

New Mailing Address:

15783 NORTHSIDE DRIVE EAST
JACKSONVILLE, FL 32218

FEI Number: 20-3790448

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILL, DEBRA S PA
8810 GOODBY'S EXE DR
SUITE C
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JOHNSON, TRENT L
Address: 1000 BROWARD RD, #518
City-St-Zip: JACKSONVILLE, FL 32218

Title: MGRM () Delete
Name: JOHNSON, ROSELAND B
Address: 1000 BROWARD RD, #518
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JOHNSON, TRENT L
Address: 15783 NORTHSIDE DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32218

Title: MGRM (X) Change () Addition
Name: JOHNSON, ROSELAND B
Address: 15783 NORTHSIDE DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32218

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: TRENT L. JOHNSON

MGRM

04/26/2006

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