FILED
Jun 02, 2006 8:00 am
Secretary of State

05-01-2006 90043 047 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000119796

1. Entity Name
MAYPORT TRACE PARTNERS, LLC

Principal Place of Business	Mailing Address
101 S. FRANKLIN STREET SUITE 101 TAMPA, FL 33602	101 S. FRANKLIN STREET SUITE 101 TAMPA, FL 33602

04252006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
421 W. Church Street		421 W. Church Street	
Suite, Apt. #, etc.: Suite 400		Suite, Apt. #, etc.: Suite 400	
City & State: Jacksonville, Fl		City & State: Jacksonville, Fl	
Zip: 32202	Country: US	Zip: 32202	Country: US

4. FEI Number ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GARDNER, J. STEPHEN
101 S. FRANKLIN STREET
SUITE 101
TAMPA, FL 33602

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 ______________________
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	Manager/Member Hal Horton 421 W. Church St Suite 400 Jacksonville, Fl 32202 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager/Member Luke Leonatis 421 W. Church St Suite 400 Jacksonville, Fl 32202 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] Manager 4/25/06 404 861-6314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #