

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120973

FILED
Mar 17, 2006
Secretary of State

Entity Name: ON-TRAC OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

5738 CANTON COVE STE. 110
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

5738 CANTON COVE STE. 110
WINTER SPRINGS, FL 32708

New Mailing Address:

FEI Number: 27-0134185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NISSEN, DAVID
5738 CANTON COVE STE. 110
WINTER SPRINGS, FL 32708 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: NISSEN, DAVID
Address: 5738 CANTON COVE STE. 110
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGRM () Delete
Name: SCHULZ, GEORGE PHD
Address: 5738 CANTON COVE STE. 110
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGRM () Delete
Name: BRACCIA, ALICIA
Address: 1525 S. ALAFAYA TRAIL, STE. 102
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID NISSEN

MGRM

03/17/2006

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