

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120974

Entity Name: ON-TRAC VENTURES, LLC

FILED  
Jan 11, 2007  
Secretary of State

**Current Principal Place of Business:**

1806 TOWN PLAZA CT  
WINTER SPRINGS, FL 32708

**New Principal Place of Business:**

**Current Mailing Address:**

1806 TOWN PLAZA CT  
WINTER SPRINGS, FL 32708

**New Mailing Address:**

FEI Number: 27-0134184

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NISSEN, DAVID  
1806 TOWN PLAZA COURT  
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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: NISSEN, DAVID  
Address: 1806 TOWN PLAZA COURT  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGRM (X) Change ( ) Addition  
Name: SCHULZ, GEORGE PHD  
Address: 1806 TOWN PLAZA COURT  
City-St-Zip: WINTER SPRINGS, FL 32708

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

CEO

01/11/2007

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