## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Mar 13, 2007 8:00 am **Secretary of State DOCUMENT #L05000122733** 03-13-2007 90119 021 \*\*\*\*50.00 1. Entity Name TRACY DOWNING CONSULTING, LLC Principal Place of Business Mailing Address 8672 ROSE WAY 8672 ROSE WAY SEMINOLE, FL 33772 SEMINOLE, FL 33772 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 8672 Rose Way 8672 ROSE Way 03092007 CR2E083 (12/06) Chg-LLC City & State 4. FEI Number Applied For City & State Seminole eminole NOT APPLICABLE Not Applicable Zip 33772 Country \$5.00 Additional 5. Certificate of Status Desired Pinellas Fee Required Pirellas 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DOWNING, TRACY L Street Address (P.O. Box Number is Not Acceptable) 8672 ROSE WAY SEMINOLE, FL 33772 City Zip Code FI 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, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR TITLE □ Delete TITLE ☐ Change ☐ Addition DOWNING, TRACY L NAME NAME 8672 ROSE WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEMINOLE, FL 33772 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Detete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TM F Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 11. I hereby certify that the information supplied with this filling 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 llability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

March 9, 2007