2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L06000027998

Entity Name: TRACY BROTHERS, LLC

Current Principal Place of Business:

1124 TIGER TRACE BLVD.
GULF BREEZE, FL 32563

New Principal Place of Business:

Current Mailing Address:

1124 TIGER TRACE BLVD.
GULF BREEZE, FL 32563

New Mailing Address:

FEI Number: 26-0182295 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRACY, DAMIAN A
1124 TIGER TRACE BLVD.
GULF BREEZE, FL 32563 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: MGR ( ) Delete
Name: TRACY, DAMIAN A
Address: 1124 TIGER TRACE BLVD.
City-St-Zip: GULF BREEZE, FL 32563

Title: MGR ( ) Delete
Name: TRACY, NATHAN D
Address: 3288 NORTH BLUE ANGEL PARKWAY
City-St-Zip: PENSACOLA, FL 32526

Title: MGR ( ) Delete
Name: TRACY, CHRISTOPHER S
Address: 6730 BUNKER HILL CIRCLE
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change ( ) Addition
Name: TRACY, CHRISTOPHER S
Address: 5210 FLORENTINE COURT
City-St-Zip: SPRINGHILL, FL 34608

I hereby certify that the information supplied with this filing does not qualify 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: DAMIAN A. TRACY MGR 04/30/2008

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