


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 30, 2007 8:00 am
Secretary of State

4/7

04-25-2007 90041 037 ****55.00

DOCUMENT # L06000067707			
1. Entity Name CAR TRACKERS, LLC			
Principal Place of Business 65 SCHULTZ COURT HAVANA, FL 32333		Mailing Address 65 SCHULTZ COURT HAVANA, FL 32333	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suff. Apt. #, etc. <i>Same As Above</i>		Suff. Apt. #, etc. <i>Above</i>	
City & State		City & State	
Zip	Country	Zip	Country
		04242007 Chg-LLC CR2E083 (12/06)	
4. EEI Number: <i>59-3841931</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent SHAW, BOBBY 65 SCHULTZ COURT HAVANA, FL 32333		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>N/A</i> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM YOUNGBLOOD-SHAW, MARY 85 SCHULTZ COURT HAVANA, FL 32333 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Bobby E Shaw</i>		Date: <i>4/24/07</i> (850) 636-3736	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			