

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000072881

FILED
May 01, 2007
Secretary of State

Entity Name: TRA SOLUTIONS LLC

Current Principal Place of Business:

2667 LOWELL CIRCLE
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

1270 N. WICKHAM ROAD
SUITE 16 PMB 130
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 88-5022389 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CARNEY, NANCY
2667 LOWELL CIRCLE
MELBOURNE, FL 32935 US

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:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: CARNEY, NANCY
Address: 2667 LOWELL CIRCLE
City-St-Zip: MELBOURNE, FL 32935

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

Title: MGR () Delete
Name: GOODMAN, PHYLLIS
Address: 13838 SILVER STREAM DR.
City-St-Zip: CARMEL, IN 46032

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

Title: MGR () Delete
Name: BOWMAN, DONALD J
Address: 454 BOUCHELLE DR. APT. 104
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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

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: NANCY CARNEY

MGR

05/01/2007

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