


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 15, 2007 8:00 am
Secretary of State

08-15-2007 90025 036 ****50.00

DOCUMENT # L06000112496					
1. Entity Name TARPON RIVER ART CENTER (TRAC) L.L.C.					
Principal Place of Business 614 SW FLAGLER AVE. FORT LAUDERDALE, FL 33301			Mailing Address 614 SW FLAGLER AVE. FORT LAUDERDALE, FL 33301		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 08082007 Chg-LLC CR2E083 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
O'REILLY, JOANNE 1913 SW 10TH AVE. FORT LAUDERDALE, FL 33315			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EDELSTEIN, NANCY L 1127 SW 5 PLACE FT. LAUDERDALE, FL 33312		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Joanne O'Reilly 1913 SW 10th Ave Fort Lauderdale, FL 33315	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FEIN, SANDRA 5840 NE 14TH TERRACE FORT LAUDERDALE, FL 33334		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Jane Lambert 157 SE 17th St Fort Lauderdale, FL 33316	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLLINS, DENISE 6425 PINEHURST CIRCLE WEST TAMARAC, FL 33321		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Robert O'Reilly 1913 SW 10th Ave Fort Lauderdale, FL 33315	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GORMLEY, REBECCA L 353 SUNSET DR APT. 4 FORT LAUDERDALE, FL 33301		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Alfred W. Phillips 3200 NE 36th St Apt 1019 Fort Lauderdale, FL 3308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM [Blank]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Roberta Shine 409 NW 26th St Wilton Manors, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM [Blank]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Sandra Rosar 806 Coconut Drive Fort Lauderdale, FL 33315	
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: <u>Joanne O'Reilly</u> <u>Joanne O'Reilly</u> <u>8/8/07</u> <u>954-524-3355</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

ATTACHMENT

BLOCK 10:

Title:

Name and Address:

MGRM

Frank McLaven
1160 North Federal Highway
Apt 1014
Fort Lauderdale, FL 33304

MGRM

Charles Mills
9491 Evergreen Pl. No 202
Fort Lauderdale, FL 33324

MGRM

Mary Romero
7520 NW 50th Ct.
Coral Springs, FL 33067