

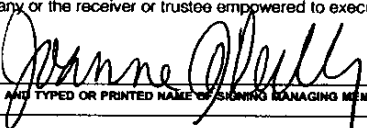


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90017 001 \*\*\*138.75

<b>DOCUMENT # L06000112496</b> 1. Entity Name <b>TARPON RIVER ART CENTER (TRAC) L.L.C.</b>					
Principal Place of Business <b>614 SW FLAGLER AVE. FORT LAUDERDALE, FL 33301</b>			Mailing Address <b>614 SW FLAGLER AVE. FORT LAUDERDALE, FL 33301</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		04062008    Chg-LLC    CR2E083 (12/06)	
Zip		Country		4. FEI Number <b>45-0545573</b> <b>APPLIED FOR</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>O'REILLY, JOANNE 1913 SW 10TH AVE. FORT LAUDERDALE, FL 33315</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM EDELSTEIN, NANCY L 1127 SW 5 PLACE FT. LAUDERDALE, FL 33312</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FEIN, SANDRA 5840 NE 14TH TERRACE FORT LAUDERDALE, FL 33334</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM COLLINS, DENISE 6425 PINEHURST CIRCLE WEST TAMARAC, FL 33321</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GORMLEY, REBECCA L 353 SUNSET DR APT. 4 FORT LAUDERDALE, FL 33301</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM O'REILLY, JOANNE 1913 SW 10TH AVE FORT LAUDERDALE, FL 33315</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LAMBERT, JANE 1913 SW 10TH AVE FORT LAUDERDALE, FL 33315</b>	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date <b>4/9/08</b> Daytime Phone # <b>954-524-3355</b>					