

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000112496

FILED
Apr 04, 2009
Secretary of State

Entity Name: TARPON RIVER ART CENTER (TRAC) L.L.C.

Current Principal Place of Business:

614 SW FLAGLER AVE.
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

614 SW FLAGLER AVE.
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 45-0545573

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'REILLY, JOANNE
1913 SW 10TH AVE.
FORT LAUDERDALE, FL 33315 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: MGRM () Delete
Name: EDELSTEIN, NANCY L
Address: 1127 SW 5 PLACE
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: MGRM () Delete
Name: FEIN, SANDRA
Address: 5840 NE 14TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: MGRM () Delete
Name: COLLINS, DENISE
Address: 6425 PINEHURST CIRCLE WEST
City-St-Zip: TAMARAC, FL 33321

Title: MGRM () Delete
Name: GORMLEY, REBECCA L
Address: 353 SUNSET DR APT. 4
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGRM () Delete
Name: O'REILLY, JOANNE
Address: 1913 SW 10TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: MGRM () Delete
Name: LAMBERT, JANE
Address: 1913 SW 10TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33315

ADDITIONS/CHANGES:

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

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

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

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

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

Title: MGRM (X) Change () Addition
Name: O'REILLY, ROBERT
Address: 1913 SW 10TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33315

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: JOANNE O'REILLY

MGR

04/04/2009

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