

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000114582

Entity Name: TRACY CHRISTIAN LLC

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1551 N FLAGLER DR APT 618  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

1551 N FLAGLER DR APT  
618  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

PO BOX 127  
PALM BEACH, FL 33480

**New Mailing Address:**

FEI Number: 27-3844798

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHRISTIAN, TRACY X  
1551 N FLAGLER DR  
APT 618  
WEST PALM BEACH, FL 33401 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: MGR  
Name: CHRISTIAN, TRACY X  
Address: 1551 N FLAGLER DR APT 618  
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby 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: TRACY CHRISTIAN

PRES

01/11/2011

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