2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M04000002921

1. Entity Name
TRUMAN PARK, LLC

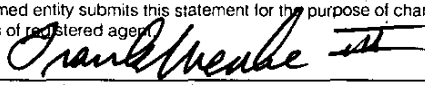| Principal Place of Business	Mailing Address
~~2524 OSPREY AVENUE SOUTH~~ ~~SARASOTA, FL 34239-4439~~ *1515 Ringling Blvd. #890 Sarasota, FL 34236*	~~2524 OSPREY AVENUE SOUTH~~ ~~SARASOTA, FL 34239-4439~~ *Same*
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04262006   Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
75-3159307	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MENKE III, FRANK ~~2524 OSPREY AVENUE SOUTH~~ ~~SARASOTA, FL 34239-4439~~ *1515 Ringling Blvd., #890 Sarasota, FL 34236*	Name: Street Address (P.O. Box Number is Not Acceptable): City: **FL** Zip Code:

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 _____*Frank Menke III*_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00.
Due by May 1, 2006

Make check payable to
Florida Department of State

9.	MANAGING MEMBERS / MANAGERS		10.		ADDITIONS / CHANGES
TITLE	MGRM	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	MENKE III, FRANK		NAME		*1515 Ringling Blvd, #890*
STREET ADDRESS	~~2524 OSPREY AVENUE SOUTH~~		STREET ADDRESS		*Sarasota, FL 34236*
CITY-ST-ZIP	~~SARASOTA, FL 342394439~~		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: _____*Frank Menke III*_____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #