

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003047

FILED
Feb 10, 2006
Secretary of State

Entity Name: TRUSTREET HOLDINGS 2005-A, LLC

Current Principal Place of Business:

450 SOUTH ORANGE AVENUE
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

450 SOUTH ORANGE AVENUE
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 32-0150816

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOOLJAR, DEVI M
450 SOUTH ORANGE AVENUE
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

GOOLAR, DEVI M
450 SOUTH ORANGE AVENUE
ORLANDO, FL 32801 US

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: DEVI M. GOOLJAR

02/10/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCWILLIAMS, CURTIS B
Address: 450 SOUTH ORANGE
City-St-Zip: ORLANDO, FL 32801

Title: MGR () Delete
Name: SHACKELFORD, STEVE D
Address: 450 SOUTH ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: MGR () Delete
Name: ANGELO, BERNARD J
Address: 445 BROAD HOLLOW ROAD
City-St-Zip: MELVILLE, NY 11747

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: STEVEN D. SHACKELFORD

MGR

02/10/2006

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