2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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DOCUMENT # P02000037707							05.	FILED			
1. Entity Name TRACEY REAL ESTATE MANAGEMENT, INC.							05 NOV -9 PM 12: 14				
							SECR	ETAKY OF S MASSEE, FL	HATE		
Principal Place of Business Mailing Address								MA22FF*上F	.ORIDA		
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CAPE CORAL, FL 33990			CAPE CORAL, FL 33990								
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2. Principal P	Place of Busin	ness	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			11012005	Chg-P	CR2E0	34 (10/03)		
City & State			City & State			4. FEI Numbe 03-0439			<u> </u>	plied For t Applicable	
Zip		Country	Zip	itry		5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent					T		7. Name and	Address of New Ro	egistered A	\gent	
			_		•						
TRACEY, DAVID						CEH,	JUSTEN				
1248 VISCAYA PKWY								r is Not Acceptable)		
CAPE CORAL, FL 33990						۸ ک۳	V 125.415	· · · ·			
						City CAPE CORAL FL Zip Code 33991					
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.											and accept
11/405											
SIGNATURE X Aggrature, typed or prigred name registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE-											
Profit. Indiana, 1900 a private remaining to the analysis of t											
9. Election Campaign Financing \$5.00 May Be										l	
Am	ended Ai	R is \$61.25	Trust Fund Cont	tribution.			ed to Fees				
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFFI	CERS AND	DIRECTORS	S IN 11
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.											
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SIGNAT	SIGNATURE: x 11/2/05 239.514.4900										