

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010073

FILED
Mar 15, 2006
Secretary of State

Entity Name: STS TECHNOLOGIES, LLC

Current Principal Place of Business:

625 N. FLAGLER DRIVE
STE. 605
WEST PALM BEACH, FL 33401

New Principal Place of Business:

625 N. FLAGLER DRIVE
SUITE 605
WEST PALM BEACH, FL 33401

Current Mailing Address:

625 N. FLAGLER DRIVE
STE. 605
WEST PALM BEACH, FL 33401

New Mailing Address:

625 N. FLAGLER DRIVE
SUITE 605
WEST PALM BEACH, FL 33401

FEI Number: 33-1049823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIRSCHNER, PETER
625 N. FLAGLER DRIVE
STE. 605
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

SIMPSON, TIMOTHY
625 N. FLAGLER DRIVE
SUITE 605
WEST PALM BEACH, FL 33401 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: TIMOTHY SIMPSON

03/15/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KIRSCHNER, PETER
Address: 625 N. FLAGLER DRIVE, STE. 605
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: CEO (X) Change () Addition
Name: SIMPSON, TIMOTHY
Address: 625 N. FLAGLER DRIVE, SUITE 605
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: CFO () Change (X) Addition
Name: COHEN, MATTHEW J
Address: 625 N. FLAGLER DRIVE, SUITE 605
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: T/S () Change (X) Addition
Name: COHEN, MATTHEW J
Address: 625 N. FLAGLER DRIVE, SUITE 605
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: C () Change (X) Addition
Name: SCHUSTER, BRIAN J
Address: 625 N. FLAGLER DRIVE, SUITE 605
City-St-Zip: WEST PALM BEACH, FL 33401 US

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: TIMOTHY SIMPSON

CEO

03/15/2006

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