


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
 May 01, 2006 08:00 AM
 Secretary of State

DOCUMENT # L03000019154
 1. Entity Name
 STRAWBERRY VILLAGE LLC



Principal Place of Business PO BOX 1096 BRANDON, FL 33509 US	Mailing Address PO BOX 1096 BRANDON, FL 33509 US
--	--

DO NOT WRITE IN THIS SPACE



04202006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 05-0573880	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MASSARO, JOSEPH J
 3510 SHADOWOOD DRIVE
 VALRICO, FL 33594

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____


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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MASSARO, JOSEPH J 3510 SHADOWOOD DRIVE VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABRAHAM, KELLY R 12911 SHADOW RUN BLVD RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MELLODY, JAMES P JR 5205 CULASAJA CIR VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MELLODY, SEAN B 2504 OBRAPIA ST. TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TEMPLE, JIMMY L 4803 CHARRO LANE PLANT CITY, FL 33565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ERICKSON, MICHAEL A 13642 LARAWAY DRIVE RIVERVIEW, FL 33569

U00000550706
 05/13/06-80072-014 50.00

DO NOT WRITE IN THIS SPACE

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:  4-20-06 8132405344

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