


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000036441**

1. Entity Name  
**S & T REALTY INVESTMENTS, L.L.C.**



Principal Place of Business  
**1865 AIRLANE DR., STE. 5  
 NASHVILLE, TN 37210**

Mailing Address  
**1865 AIRLANE DR., STE. 5  
 NASHVILLE, TN 37210**

**DO NOT WRITE IN THIS SPACE**



03032006 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>54-2129218</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**AGENTS AND CORPORATIONS, INC.  
 SUITE E, 773 4TH AVE. NORTH  
 NAPLES, FL 34102**

**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 except the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and one if applicable (NOTE: Registered Agent signature required when rehashing)

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

000000457225  
 03/16/06 00010-026 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP PRESLEY, STEVE W 232 STANLEY PARK LN FRANKLIN, TN 37069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PRESLEY, TERESA L 232 STANLEY PARK LN FRANKLIN, TN 37069
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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: *Steve Presley* 3/3/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #