

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90075 017 \*\*\*\*\*55.00

<b>DOCUMENT # L00000001826</b> 1. Entity Name <b>SRA ACQUISITIONS, L.L.C.</b>			
Principal Place of Business <b>3830 FIFTH AVE. N. SAINT PETERSBURG, FL 33713</b>		Mailing Address <b>3830 FIFTH AVE. N. SAINT PETERSBURG, FL 33713</b>	
2. Principal Place of Business - No P.O. Box # <b>475 Central Avenue</b> Suite, Apt. #, etc. <b>M-3</b>		3. Mailing Address <b>475 Central Avenue</b> Suite, Apt. #, etc. <b>M-3</b>	
City & State <b>St. Petersburg</b>		City & State <b>St. Petersburg</b>	
Zip <b>33701</b>		Zip <b>33701</b>	
Country 		Country 	
4. FEI Number <b>58-2524244</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FEELEY, WILLIAM L 3830 FIFTH AVENUE NORTH SAINT PETERSBURG, FL 33713</b>		7. Name and Address of New Registered Agent Name <b>FEELEY, WILLIAM L.</b> Street Address (P.O. Box Number is Not Acceptable) <b>475 CENTRAL AVENUE</b> <b>SUITE M-3</b> City <b>ST. PETERSBURG</b> <b>FL</b> Zip Code <b>33701</b>	
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 <u><i>William L. Feeley</i></u> DATE <u>3/1/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS / MANAGERS</b>		<b>10. ADDITIONS / CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FEELEY, WILLIAM L 3830 FIFTH AVENUE NORTH SAINT PETERSBURG, FL 33713	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>William L. Feeley</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<u>3/1/07</u> <u>727-822-1600</u> <small>Date Daytime Phone #</small>	

60021284



01292007 Chg-LLC CR2E083 (12/06)