

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002628

FILED
May 04, 2005
Secretary of State

Entity Name: STRYKER HOLDINGS, LLC

Current Principal Place of Business:

3953 SW BRUNER TERRACE
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

3953 SW BRUNER TERRACE
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 65-0987820 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BLACK, ROBERT
901 PONCE DE LEON BLVD., PENTHOUSE SUITE
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

MCINTYRE, WILLIAM C P.A.
3501 SW CORPORATE PARKWAY
PALM CITY, FL 34990 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: WILLIAM C. MCINTYRE

05/04/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: ECCLESTON, SCOTT B
Address: 3953 SW BRUNER TERRACE
City-St-Zip: PALM CITY, FL 34990

Title: MGR () Delete
Name: BRYAN, MICHAEL G
Address: 3953 SW BRUNER TERRACE
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SCOTT B. ECCLESTON

MGR

05/04/2005

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