

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009791

Entity Name: STG HOLDINGS, L.C.

FILED
Mar 29, 2006
Secretary of State

Current Principal Place of Business:

1010 LUCERNE TERRACE
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 470026
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 59-3704768

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODLESS, DEAN R
1134 CELEBRATION BLVD.
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

GOODLESS, DEAN R
410 CELEBRATION PLACE
SUITE 301
CELEBRATION, FL 34747 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:

03/29/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GOODLESS, SUSANNA T
Address: 1134 CELEBRATION BLVD
City-St-Zip: CELEBRATION, FL 34747

Title: MGRM () Delete
Name: GOODLESS, DEAN R
Address: 1134 CELEBRATION BLVD
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GOODLESS, SUSANNA T
Address: 410 CELEBRATION PLACE SUITE 301
City-St-Zip: CELEBRATION, FL 34747

Title: MGRM (X) Change () Addition
Name: GOODLESS, DEAN R
Address: 410 CELEBRATION PLACE SUITE 301
City-St-Zip: CELEBRATION, FL 34747

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: DEAN GOODLESS

MGMR

03/29/2006

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