2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 03, 2006 08:00 AN Secretary of State

ANNUAL REPORT				Secretary of State		
DOCU	MENT # L01000010	568				~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
1. Entity Name				{		
STURGIS	S PROPERTIES, LLC			1		
Principal Plac	e of Business	Mailing Address		{		
4645 U.S. 1		4645 U.S. 1		}		
	1, FL 32961	VERO BEACH, FL 32961				
) 1991/91: an estist man som estit estit		מונה מו מונה (הוו (הוו (הוו (הוו (הוו (הוו (הוו (
				Z I ROPIZOZIA OLIK BOZINI SYRIJA BOZIZI BOZIZI BOZIZI	BERGINER BERGIE EN EE	21 (C)221 (H (22)
	-			02162006 No Chg-LLC	CR2E083 (11/	05)
DO NOT WRITE IN THIS SPA			CE '			
			-	4. FEI Number 65-1119465	 	Applied For Not Applicable
					\$5.00	Additional
				5. Certificate of Status Desired	Fee Req	
	8. Name and Address of Current !	Registered Agent	{	,		•
STURGIS,	CHARLES H		}	DO NOT W	הזדר	
4645 U.S. 1				DO NOT W	RIIE	
VERO BEACH, FL 32961]	IN THIS SP	ACE	
			•			
			}			
8. The above the obligat	named entity submits this statement for tions of registered agent.	the purpose of changing its register	ed office or register	red agent, or both, in the State of Flo	rida. Lam familiar w	Ath, and accept
SIGNATURE.	Signature, typed or printed name of registered egent e	nd tite if applicable (NOTE Registers	ti Agent signature requires	when remarking)	DATE	
F	iling Fee is \$50.00 ue by May 1, 2006					
9.	MANAGING MEMBE	RS/MANAGERS	1			
TITLE NAME	MGR STURGIS, JACK A			กว กรัก เก	100454282 16-80001-01	(T ====================================
STREET ADDRESS	4645 U.S. 1		ł	03, 12, (1 0 -20001-03	11 50,00
C17Y-S7-Z1P	VERO BEACH, FL 32961			•		
TITLE			1			
NAME				•	· •	• •
STREET ADDRESS CITY-ST-ZIP			ì			
TITLE			4		•	
NAME			[
STREET ADDRESS				DO NOT W	DITE	
CITY-ST-ZIP				DO NOT W	KHE	
TITLE			1	IN THIS SP	ACF	
NAME STREET ACCRESS			1		, , , , , , , , , , , , , , , , , , , ,	
CKTY-ST-ZTP			1			
TITLE		<u> </u>	1	· · · · · ·		
NAME	}		1			
STREET ADDRESS						
City-ST-ZiF			ł			
TITLE			1	* * *	- ts.	·

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:

STREET ADDRESS CITY-ST-ZIP

URE: May may me signature and pres or printed hame of signing mahaging member, or authorized representative

menter 2-28-06

(272) 562-417

Daytime Phone #