

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000015385

1. Entity Name
D.STRONGER LLC



Principal Place of Business
**2497 WATERVIEW COURT
SARASOTA, FL 34231**

Mailing Address
**2497 WATERVIEW COURT
SARASOTA, FL 34231**

DO NOT WRITE IN THIS SPACE



01092004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1154555

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BECKER, LARRY
2497 WATERVIEW COURT
SARASOTA, FL 34231**

**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 accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DAVID, STRONGER
160 W 96 STREET
NEW YORK, NY 10025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BECKER, TOBY
2497 WATERVIEW CT
SARASOTA, FL 34231**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BECKER, LARRY
2497 WATERVIEW CT
SARASOTA, FL 34231**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000003339
01/13/04-80051-006 55.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *David Stronger*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

T. Becker

1-9-04

89419376214

Date

Daytime Phone #