

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90020 006 ****50.00

DOCUMENT # L02000000738

1. Entity Name
STR, LLC



Principal Place of Business
**5935 VINTAGE OAKS CIRCLE
DELRAY BEACH, FL 33484**

Mailing Address
**5935 VINTAGE OAKS CIRCLE
DELRAY BEACH, FL 33484**

20018395



02072005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3613918

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARRY, STANLEY
5935 VINTAGE OAKS CIRCLE
DELRAY BEACH, FL 33484**

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR DEUTSCH
NAME	DEUTSCH , JEROME
STREET ADDRESS	4545 N. OCEN BLVD.
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	MGR
NAME	HERMAN, MILTON
STREET ADDRESS	21606 PALM OAK 10907 Boca Woods Lane
CITY-ST-ZIP	BOCA RATON, FL 33432 33428
TITLE	MGR
NAME	BARRY, STANLEY
STREET ADDRESS	5935 VINTAGE OAKS CIR.
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(i), 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:

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

Date

Daytime Phone #

3/1/05 361-865-9460