

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 02, 2006 8:00 am**  
**Secretary of State**

03-02-2006 90138 018 \*\*\*\*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

20012311



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02062006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number  
04-3613918

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME DEUTSCH, JEROME  
STREET ADDRESS 4545 N. OCEAN BLVD.  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE ☒ Change ☐ Addition  
NAME JEROME DEUTSCH REVOCABLE TRUST  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME HERMAN, MILTON  
STREET ADDRESS 10907 BOCA WOOD LANE  
CITY-ST-ZIP BOCA RATON, FL 33428

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 10907 BOCA WOODS LANE  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME BARRY, STANLEY  
STREET ADDRESS 5935 VINTAGE OAKS CIRCLE  
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

3/1/06

561 861-9400