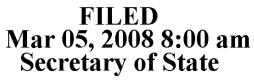
## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**



DOCUMENT # L0200000738  1. Entity Name STR, LLC					03-05-2008	90208 038	3 ***138	3.75	
Principal Place of Business 5935 VINTAGE OAKS CIRCLE DELRAY BEACH, FL 33484		Mailing Address 5935 VINTAGE OAKS CIRCLE DELRAY BEACH, FL 33484		•		0012711		(8888	<b>884</b>     ( <b>78</b> 1
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02252008	Chg-LLC	CR2E083	3 (12/06)		
City & State		City & State		4. FEI Numb				plied For t Applicable	
Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired		5.00 Add se Required	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New F	Registered Ag	ent	
· 				Name					
BARRY, STANLEY 5935 VINTAGE OAKS CIRCLE DELRAY BEACH, FL 33484				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code	9
	named entity submits this statement foions of registered agent.	r the purpose of changing it	ts registere	ed office or re	gistered agent, or bo	th, in the State of Flo	orida. Tam far	niliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent in								
	Signature, typed or priviled harrie or registered agent i	and title if applicable. (NC	DTE: Registere	d Agent signature re	equired when reinstating)		DATE		
FILE After May	NOW!!! FEE IS \$138.75		OTE: Registere	d Agent signature n	equired when reinstating)		ce check pay a Departmer		•
FILE After May	NOW!!! FEE IS \$138.75	5	OTE: Registere	d Agent signature n	equired when reinstating)		ke check pay a Departmer		)
9. IIILE NAME STREET ADDRESS	MANAGING MEMBE MGR JEROME DEUTSCH REVOCABL 4545 N. OCEN BLVD.	RS/MANAGERS	10. THILE NAM STRE	E E EET ADDRESS	equired when reinstating)	Florid	te check pay a Departmen /CHANGES		Addition
9. THE NAME STREET ADDRESS CITY-ST-ZIP THE	MANAGING MEMBE MGR JEROME DEUTSCH REVOCABI 4545 N. OCEN BLVD. BOCA RATON, FL 33431 MGR	RS/MANAGERS	10. THILE NAM SIRE CITY	e e eet address -st-zip		ADDITIONS	ce check pay a Departmer	nt of State	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGR JEROME DEUTSCH REVOCABL 4545 N. OCEN BLVD. BOCA RATON, FL 33431 MGR ESTATE OF MILTON HERMAN 10907 BOCA WOODS LN.	RS/MANAGERS  Delete  E TRUST	10. TITLE NAM STRE CITY TITLE NAM STRE	e e eet address -st-zip	equired when reinstating)	ADDITIONS	ce check pay a Departmer	nt of State	Addition
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r nereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Florida statutes. Florida statutes 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

ER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #