

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001043

FILED
Apr 28, 2006
Secretary of State

Entity Name: J.S. STIRLING, INTERNATIONAL, L.L.C.

Current Principal Place of Business:

1950 1ST AVE N
#305
ST. PETERSBURG, FL 33710 US

New Principal Place of Business:

4004 PARK ST N
ST. PETERSBURG, FL 33709 US

Current Mailing Address:

PO BOX 48892
ST. PETERSBURG, FL 33743 US

New Mailing Address:

FEI Number: 01-0577538 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALLER, KAREN E ESQ.
ONE PROGRESS PLAZA
SUITE 1210
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BOCCUTI, MICHAEL J
Address: 8220 29TH AVENUE N.
City-St-Zip: ST. PETERSBURG, FL 33710 US

Title: MGRM () Delete
Name: BOCCUTI, PATRICIA M
Address: 8220 29TH AVENUE N
City-St-Zip: ST. PETERSBURG, FL 33710 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: WALLACE, BLAKE S
Address: 7410 10TH AVE N
City-St-Zip: ST. PETERSBURG, FL 33710 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL BOCCUTI MGRM 04/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date