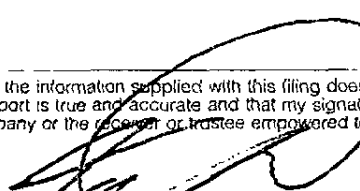


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000001088 1. Entity Name J. STROSS INVESTMENT PROPERTIES, L.L.C.			
Principal Place of Business 3010 82ND WAY N. SAINT PETERSBURG FL 33710		Mailing Address 3010 82ND WAY N. SAINT PETERSBURG FL 33710	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 03-0377154		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ENGLANDER, LEONARD S 721 FIRST AVE N ST PETERSBURG FL 33701		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reconstituting)			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM	TITLE	UN00000432399
NAME	STROSS, JOHN	NAME	02/23/06-80065-023 50.00
STREET ADDRESS	3010 82ND WAY N.	STREET ADDRESS	
CITY- ST- ZIP	ST PETERBURG FL 33910	CITY- ST- ZIP	
	☐ Delete		☐ Change ☐ Addition
TITLE	MGR	TITLE	
NAME	STROSS, JASON	NAME	
STREET ADDRESS	7825 3RD AVE S	STREET ADDRESS	
CITY- ST- ZIP	SAINT PETERSBURG FL 33707	CITY- ST- ZIP	
	☐ Delete		☐ Change ☐ Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
	☐ Delete		☐ Change ☐ Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
	☐ Delete		☐ Change ☐ Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
	☐ Delete		☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		2-7-06 727-345-6657	