


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90061 006 ****50.00

DOCUMENT # L02000017876 1. Entity Name STRATUS FIDELITY TRUST, LLC	
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Principal Place of Business 2328 TENTH AVENUE NORTH, SUITE 403 LAKE WORTH, FL 33461-6606	Mailing Address 2328 TENTH AVENUE NORTH, SUITE 403 LAKE WORTH, FL 33461-6606
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DO NOT WRITE IN THIS SPACE



03022006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 52-2369285	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent RUKIN, ROGER 2328 TENTH AVENUE NORTH, SUITE 403 LAKE WORTH, FL 33461-6606
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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 reinstating) DATE: _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUKIN, JAMES B 2328 10TH AVE. NORTH, SUITE 403 LAKE WORTH, FL 334616606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUKIN, JULIA R 2328 10TH AVE. NORTH, SUITE 403 LAKE WORTH, FL 334616606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUKIN, ROGER B 2328 10TH AVE. NORTH, SUITE 403 LAKE WORTH, FL 334616606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Ben J. Rukin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date: _____ Daytime Phone #: _____