

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L02000017876

1. Entity Name  
STRATUS FIDELITY TRUST, LLC



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



03212007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
52-2369285

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RUKIN, ROGER  
2328 TENTH AVENUE NORTH, SUITE 403  
LAKE WORTH, FL 33461-6606

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME RUKIN, JAMES B  
STREET ADDRESS 2328 10TH AVE. NORTH, SUITE 403  
CITY-ST-ZIP LAKE WORTH, FL 334616606

TITLE MGRM  
NAME RUKIN, JULIA R  
STREET ADDRESS 2328 10TH AVE. NORTH, SUITE 403  
CITY-ST-ZIP LAKE WORTH, FL 334616606

TITLE MGR  
NAME RUKIN, ROGER B  
STREET ADDRESS 2328 10TH AVE. NORTH, SUITE 403  
CITY-ST-ZIP LAKE WORTH, FL 334616606

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000678786  
04/03/07-00012-006 50.00

**DO NOT WRITE  
IN THIS SPACE**

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 OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #