2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# L02000028032

Entity Name: STRAYHORN & STRAYHORN, P.L.

Current Principal Place of Business:

2125 FIRST ST., SUITE 200
FT. MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

PO BOX 1288
FT. MYERS, FL 33902

New Mailing Address:

FEI Number: 59-0579049 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRINGLE, RICHARD W
2125 FIRST ST., SUITE 200
FT. MYERS, FL 33901 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/MEMBERS:

Title:	MGRM	( ) Delete
Name:	STRAYHORN, GUY R	
Address:	2125 FIRST STREET, SUITE 200	
City-St-Zip:	FORT MYERS, FL 33901	
Title:	MGRM	( ) Delete
Name:	RICHARD W PRINGLE PA,	
Address:	2125 FIRST STREET, SUITE 200	
City-St-Zip:	FORT MYERS, FL 33901	
Title:	MGRM	( ) Delete
Name:	E. BRUCE STRAYHORN,, P.L.	
Address:	2125 FIRST STREET, SUITE 200	
City-St-Zip:	FORT MYERS, FL 33901	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RICHARD W. PRINGLE MGRM 04/26/2005

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