2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000028032

1. Entity Name
STRAYHORN & STRAYHORN, P.L.

Principal Place of Business	Mailing Address
2125 FIRST ST., SUITE 200 FT. MYERS, FL 33901	PO BOX 1288 FT. MYERS, FL 33902

DO NOT WRITE IN THIS SPACE

02102006No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-0579049

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature of new or reinstated registered agent, if applicable. (NOTE: Registered Agent's signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	STRAYHORN, GUY R
STREET ADDRESS	2125 FIRST STREET, SUITE 200
CITY ST ZIP	FORT MYERS, FL 33901
TITLE	MGRM
NAME	RICHARD W PRINGLE PA
STREET ADDRESS	2125 FIRST STREET, SUITE 200
CITY ST ZIP	FORT MYERS, FL 33901
TITLE	MGRM
NAME	E. BRUCE STRAYHORN, P.L.
STREET ADDRESS	2125 FIRST STREET, SUITE 200
CITY ST ZIP	FORT MYERS, FL 33901
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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03/27/06-80006-001 50.00

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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 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: _____ 3/2/06 239-332-4717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #