2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000031449

1. Entity Name
STENGER VARNER, LLC

Principal Place of Business	Mailing Address
4550 J. STENGER RD BARTOW, FL 33830	P.O. BOX 1452 BARTOW, FL 33831

DO NOT WRITE IN THIS SPACE

01092006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
82-0572260
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STENGER, MICHAEL
4550 J. STENGER RD.
BARTOW, FL 33830

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

000000401480
02/02/06-80047--003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	STENGER, MICHAEL
STREET ADDRESS	P.O. BOX 1452
CITY-ST-ZIP	BARTOW, FL 33831
TITLE	MGR
NAME	VARNER, KEVIN
STREET ADDRESS	P.O. BOX 1679
CITY-ST-ZIP	DUNDEE, FL 33838
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Michael Stenger 1-10-06 863-537-1443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #