


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000031568 1. Entity Name STREAT & ASSOCIATES, LLC	
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Principal Place of Business 250 N.W. 5TH AVENUE BOCA RATON, FL 33432	Mailing Address 250 N.W. 5TH AVENUE BOCA RATON, FL 33432
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03202006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0754974	Applied For <input type="checkbox"/> 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

STREAT, PHILIP P 250 N.W. 5TH AVENUE BOCA RATON, FL 33432
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

000000478443
04/08/06-80006-003 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STREAT, PHILIP P 250 NE 5TH AVENUE BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STREAT, PHILIP P 250 NE 5TH AVENUE BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STREAT, LORRAINE 250 NE 5TH AVENUE BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STREAT, LORRAINE 250 NE 5TH AVENUE BOCA RATON, FL 33432
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 606, Florida Statutes.

SIGNATURE: Philip Streat **3/20/06** **561-251-8120**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #