2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/3/2004-98129-015-$50.00-$50.00
S/3

FILED

04 OCT 21 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000004416

1. Entity Name
STRATA PROPERTIES, LLC

Principal Place of Business	Mailing Address
7344 N.W. 5TH ST. PLANTATION, FL 33317 new address	7344 N.W. 5TH ST. PLANTATION, FL 33317 New Address
2. Principal Place of Business 950 S PINE ISLAND Rd	2. Mailing Address 950 S. PINE ISLAND RD
Suite, Apt. #, etc. A-150-1074	Suite, Apt. #, etc. A-150-1074
City & State PLANTATION, FL	City & State PLANTATION FL
Zip 33324 Country USA	Zip 33324 Country USA

04082004 Chg-LLC CREE083 (10/03)

4. FEI Number
20-0310791

Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

WALKER, GARY.
100 SOUTH ASHLEY DR., STE-1500
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

Filing Fee is $50.00
Due by May 1, 2004

Make checks payable to: Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER Russell Hickman 950 S. PINE ISLAND RD. A-150-1074 PLANTATION, FL 33324	☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER CHARLES H. ROLLINSON, III 950 S. PINE ISLAND RD. A-150-1074 PLANTATION, FL 33324	☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	10/21 CMS
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	

11. I hereby certify that the information supplied with this filing does not qualify 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 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 605, Florida Statutes.

SIGNATURE: _____ 9-25-04 954-288-5820

SIGNATURE AND TITLE OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #