2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # L03000008967 Secretary of State 1. Entity Name STRASSER INVESTMENTS PARCEL B, LLC Mailing Address Principal Place of Business 1042 N US HWY 1 ORMOND BEACH FL 32174 1042 N US HWY 1 ORMOND BEACH FL 32174 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Applied For City & State City & State 4. FEI Number 65-1181605 Not Applica-Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STRASSER, CHARLES L 444 SEABREEZE BLVD STE. 900 Street Address (P.O. Box Number is Not Acceptable) ORMOND BEACH FL 32174 Zip Code 3. 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. DATE (NOTE, Registered Agent signative required when reinstating) Signature, typed or grinled name of registered agent and little it emplicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES g. ☐ Change Adv. TITLE MGR Detete DHE NAME NAME STRASSER, CHARLES L 02/27/06-80030-005 50.00 STREET AODRESS STREET ADDRESS 1316 JOHN ANDERSON DR. CITY - \$7 - ZIP CITY -ST-ZIP ORMOND BEACH FL 32176 Change Admi TITLE ☐ Delota NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-21P Delete TITLE Change ☐ AdJII TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Add: ☐ Change TITLE Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete Change T 2.5 x 2.5 TITLE TITLE NAME NAME STREET ADDRESS SUBFET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Change ☐ Addit 7(7) F TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS C114-51-21P CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes, I further certify that the information indicated on this teport 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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

Feb 16, 2006 08:00 AM