2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027887

Entity Name: SATRO, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
9680 ARBOR MEADOW DRIVE BOYNTON BEACH, FL 334373603	3922 S W 51 ST TERRACE OCALA, FL 34474

Current Mailing Address:	**New Mailing Address:**
9680 ARBOR MEADOW DRIVE BOYNTON BEACH, FL 334373603	3922 S W 51 ST TERRACE OCALA, FL 34474

FEI Number: 20-0117434   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
RAMNATH, SATROHAN 9680 ARBOR MEADOW DRIVE BOYNTON BEACH, FL 334373603 US	RAMNATH, SATROHAN 3922 S W 51 ST TERRACE OCALA, FL 34474 US

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.

SIGNATURE: SATROHAN RAMNATH   04/05/2006

             Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title: MGRM (X) Change ( ) Addition
Name:	RAMNATH, SATROHAN	Name: RAMNATH, SATROHAN
Address:	9680 ARBOR MEADOW DRIVE	Address: 3922 S W 51 ST TERRACE
City-St-Zip:	BOYNTON BEACH, FL 334373603	City-St-Zip: OCALA, FL 34474

Title:	( ) Delete	Title: MGRM ( ) Change (X) Addition
Name:		Name: RAMNATH, SATROHAN
Address:		Address: 3922 S W 51 ST TERRACE
City-St-Zip:		City-St-Zip: OCALA, FL 34474 MA

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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: SATROHAN RAMNATH   PRES   04/05/2006

           Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date