

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 20, 2004 8:00 am
Secretary of State

05-05-2004 90001 047 ****50.00

DOCUMENT # L03000031689 1. Entity Name STRPMC, LLC					
Principal Place of Business 2455 E. SUNRISE BLVD, STE. 916 FORT LAUDERDALE, FL 33304				Mailing Address 2455 E. SUNRISE BLVD, STE. 916 FORT LAUDERDALE, FL 33304	
2. Principal Place of Business 828 SE 4th St.		3. Mailing Address 828 SE 4th St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL		4. FEI Number 20-0305562	
Zip 33301		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MASTRANA, F. RONALD ESQ MASTRANA & CHRISTIANSEN, P.A. 1500 N. FEDERAL HWY, STE 200 FORT LAUDERDALE, FL 33304				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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing). DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Principal John McDonald 828 SE 4th St Ft. Laud, FL 33301		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 608, Florida Statutes.					
SIGNATURE: <u>John McDonald</u> 4-29-04 954-522-3339 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

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