2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 26, 2004 8:00 am Secretary of State

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DOCUMENT # L03000033737 1. Entity Name STRATEGY, L.L.C.					04-26-2004 90053 042 ****50.00			
Principal Plac	e of Business	Mailing Address	• • •		0.44	124417		
521-A 96TH AVE, N 521-A 96TH AVE, N				•	ረ ዓነ)54413		
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2. Principal P	Place of Business	3. Mailing Address		—————————————————————————————————————				
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Zip	Country	Zip Zip	Country	<u> </u>	0072210			
34103		34103	Country	5. Certifi	cate of Status Desired	□ \$5.00 Add		
37103	6. Name and Address of Current I		~_	Nome	and Address of Nam Da		au .	
	o. Name and Address of Current	registered Agent	Name	r. Name	and Address of New Re	gistered Agent		
KALVINI D	ETH 6	•	Name					
KALVIN, B 521-A 96T			Street A	Street Address (P.O. Box Number is Not Acceptable)				
NAPLES, I			Street Address (P.O. Box Number is Not Acceptable) 545 E. FAIRWAY TERRACE					
NAFLES, I	FL 34100							
			City	Naples		FL Zig Cod	103	
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the obligat	named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office of	r registered agent, d	r both, in the State of Flor	ida. I am familiar with,	and accept	
i io obligat					0.41	411		
SIGNATURE .	KUMMAU	M			09.	-15 - 04		
	Signature, typed or printed name of registered agent a	ind title if applicable. (NOTE: F	Registered Agent signat	ure required when reinstatin	a)	DATE		
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	lling Fee is \$50.00 ue by May 1, 2004				Make	check payable to Department of State	e	
D	ue by May 1, 2004				Make Florida	Department of State	•	
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9. TITLE	MANAGING MEMBER MGR KALVIN, BETH S		TITLE NAME	MGR KALVIN, BO 545-E FAI	Make Florida ADDITIONS/O	Department of State	· .	
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