


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000013993 1. Entity Name STEEVE SQUARED, L.L.C.	
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Principal Place of Business 15051 PUNTA RASSA RD FORT MYERS FL 33908	Mailing Address 15051 PUNTA RASSA RD FORT MYERS FL 33908
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2. Principal Place of Business	3. Mailing Address	1st MOORE CR2E083 (10/05)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	4. FEI Number 05-0598766

Applied For <input type="checkbox"/> Not Applicable	\$5.00 Additional Fee Required
5. Certificate of Status Desired <input type="checkbox"/>	

6. Name and Address of Current Registered Agent

NICHOLS, JAMES L ESQ.
8191 COLLEGE PARKWAY, #204
FT. MYERS FL 33919

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS		<input type="checkbox"/> Delete
TITLE	MGRM	
NAME	KNIGHT, STEVEN	
STREET ADDRESS	15051 PUNTA RASSA RD	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PAGE, STEPHEN	
STREET ADDRESS	15051 PUNTA RASSA RD	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

U00000445423
 03/07/06-80045-012 50.00

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 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: _____