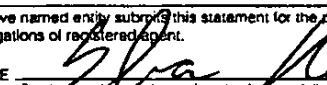
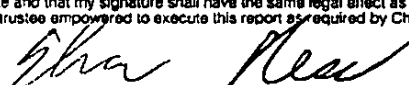


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/18/2005-90105-025-\$50.00-\$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 21 AM 10:20

DOCUMENT # L04000015920			
1. Entity Name S&T HOLDINGS, LLC			
Principal Place of Business 43 E. 17TH STREET ST. CLOUD, FL 34769		Mailing Address 43 E. 17TH STREET ST. CLOUD, FL 34769	
2. Principal Place of Business 7 E. 17th St		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State St. Cloud FL 34769		City & State	
Zip 34769		Country	
4. FEI Number		Applied For Not Applicable	
5. Certificate of Status Desired		5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LILLY, CHARLES 43 E. 17TH STREET ST. CLOUD, FL 34769		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 		8/15/05 DATE	
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
MGR LILLY, CHARLES 43 E. 17TH STREET ST. CLOUD, FL 34769		7 E. 17th St St. Cloud FL 34769	
MGR HESS, SHANE 43 E. 17TH STREET ST. CLOUD, FL 34769		7 E. 17th St St. Cloud FL 34769	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: 		8/15/05 DATE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	