


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000015923 1. Entity Name STS INVESTMENTS, LLC	
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Principal Place of Business 7 E 17TH ST TREET ST. CLOUD, FL 34769	Mailing Address 7 E 17TH ST TREET ST. CLOUD, FL 34769
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**DO NOT WRITE IN THIS SPACE**



01172007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 20-0787235	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

LILLY, CHARLES  
702 E. 17TH STREET  
ST. CLOUD, FL 34769

**DO NOT WRITE  
IN THIS SPACE**

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 obligation of registered agent.

SIGNATURE Tom Lilly      Tom Lilly      1/17/07  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LILLY, CHARLES 7 E 17TH ST ST. CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HESS, SHANE 7 E 17TH ST ST. CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR URBAN, WILLIAM S 217 13TH STREET ST. CLOUD, FL 34769
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U00000598560  
01/24/07-80082-001 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Tom Lilly      Tom Lilly      1/17/07      407 957-9988  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #