

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-08-2005 90279 004 ****50.00

DOCUMENT # L04000062016

1. Entity Name
STRIP INVESTMENTS, LLC



Principal Place of Business
365 TAFT-VINELAND ROAD
SUITE 105
ORLANDO, FL 32824

Mailing Address
365 TAFT-VINELAND ROAD
SUITE 105
ORLANDO, FL 32824

30004263



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03152005 Chg-LLC CR2E083 (10/03)

4. FEI Number

20-1526554

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOUST, KATHLEEN M
17 S ORLANDO AVENUE
KISSIMMEE, FL 34741

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGRM
RUSSELL, JOHN H
STREET ADDRESS
2645 CHEROKEE ROAD
CITY- ST- ZIP
ST. CLOUD, FL 34772 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
MGRM
RUSSELL, JOHN B
STREET ADDRESS
2645 CHEROKEE ROAD
CITY- ST- ZIP
ST. CLOUD, FL 34772 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
MGRM
MADISON, PETER D
STREET ADDRESS
4908 OAK ISLAND ROAD
CITY- ST- ZIP
ORLANDO, FL 32809 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
MGR
CHALIFOUX, DEBBE R
STREET ADDRESS
3325 S. INDIANA AVENUE
CITY- ST- ZIP
ST. CLOUD, FL 34789 ☐ 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

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)(f), 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:

Debbie R. Chalifoux *3/18/05*

407-908-5732

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #