2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State
05-04-2007 90310 020 ****50.00

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1. Entity Name
STRIP INVESTMENTS, LLC

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

04162007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-1526556 ☐ 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
FOUST, KATHLEEN M 17 S ORLANDO AVENUE KISSIMMEE, FL 34741	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10.		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM RUSSELL, JOHN H 2645 CHEROKEE ROAD ST. CLOUD, FL 34772	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM RUSSELL, JOHN B 2645 CHEROKEE ROAD ST. CLOUD, FL 34772	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MADISON, PETER D 4908 OAK ISLAND ROAD ORLANDO, FL 32809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CHALIFOUX, DEBBE R 3325 S. INDIANA AVENUE ST. CLOUD, FL 34769	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Chalifoux, Debbe R. 6105 Lake Lizzie Dr. St. Cloud, FL 34771	☒ 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		

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: Debbe R. Chalifoux 4/30/07 407-908-5732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #