2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 17, 2006
Secretary of State

DOCUMENT# L04000064677

Entity Name: STINGRAY ENTERPRISES, L.L.C.

Current Principal Place of Business:

4801 S UNIVERSITY DRIVE
SUITE 260
DAVIE, FL 33328

New Principal Place of Business:

4801 S UNIVERSITY DRIVE
SUITE 252
DAVIE, FL 33328

Current Mailing Address:

4801 S UNIVERSITY DRIVE
SUITE 260
DAVIE, FL 33328

New Mailing Address:

4801 S UNIVERSITY DRIVE
SUITE 252
DAVIE, FL 33328

FEI Number: 54-2162238 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JENNINGS, THOMAS F JR
2901 W LAKE VISTA CIRCLE
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: JENNINGS, THOMAS F JR
Address: 2901 W LAKE VISTA CIRCLE
City-St-Zip: DAVIE, FL 33328

Title: MGRM ( ) Delete
Name: JENNINGS, MINDY
Address: 2901 W LAKE VISTA CIRCLE
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 JENNINGS MGRM 08/17/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date