

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000068523

1. Entity Name
STRIKE FORCE II LLC



Principal Place of Business
3626 SOUTH WASHINGTON AVENUE
TITUSVILLE, FL 32780

Mailing Address
380 SOUTH COURTENAY PARKWAY
MERRITT ISLAND, FL 32952



01132008No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1647380

Applied For
Not Applicable

3. Certificate of Status Desired



\$5.00 Additional
Fees Required

5. Name and Address of Current Registered Agent

PASTERMACK, WILLIAM
C/O 380 S COURTERAY PKWY
MERRITT ISLAND, FL 32952

**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 obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
PASTERMACK, WILLIAM P
C/O 380 SOUTH COURTENAY PARKWAY
MERRITT ISLAND, FL 32952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ANTONIA, PASTERMACK
C/O 380 SOUTH COURTENAY PARKWAY
MERRITT ISLAND, FL 32952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1000000547213
05/12/06-80015-016 50.00

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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:

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

4/28/06 321-452-9800

Date

Daytime Phone #