


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90139 003 \*\*\*\*50.00

<b>DOCUMENT # L04000086464</b>					
<b>1. Entity Name</b> STEADFAST INDEX AND PHYSICAL OPTIONS FUND, LLC					
<b>Principal Place of Business</b> 480 FENTRESS BLVD. SUITE M DAYTONA BEACH, FL 32114			<b>Mailing Address</b> 480 FENTRESS BLVD. SUITE M DAYTONA BEACH, FL 32114		
<b>2. Principal Place of Business</b> 151 Southhall Lane		<b>3. Mailing Address</b> 151 Southhall Lane			
Suite, Apt. #, etc. Suite 210		Suite, Apt. #, etc. Suite 210			
City & State Maitland, FL		City & State Maitland, FL			
Zip 32751	Country US	Zip 32751	Country US	02062006 Chg-LLC CR2E083 (11/05)	
<b>4. FEI Number</b> -20-1859702 20-4063614				Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required				<b>7. Name and Address of New Registered Agent</b>	
<b>6. Name and Address of Current Registered Agent</b>  BUTLER, JOHN SAMUEL 835 ALTALOMA AVENUE ORLANDO, FL 32803				Name  Street Address (P.O. Box Number is Not Acceptable) 6677 Berwood Drive  City <u>Orlando</u> <b>FL</b> Zip Code <u>32810</u>	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STEADFAST RESOURCE ASSOCIATES LLC 480 FENTRESS BLVD. SUITE M DAYTONA BEACH, FL 32114		TITLE NAME STREET ADDRESS CITY - ST - ZIP	151 Southhall Lane, Suite 210 Maitland, FL 32751	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>John Samuel Butler</u>			Date <u>2/14/06</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		