

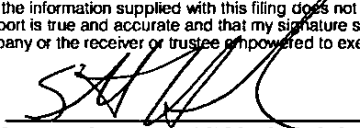


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90025 035 ****50.00

DOCUMENT # L04000087658 1. Entity Name S AND T REALTY GROUP, L.L.C.					
Principal Place of Business 2862 GULF TO BAY BLVD, SUITE F CLEARWATER, FL 33759			Mailing Address 2862 GULF TO BAY BLVD, SUITE F CLEARWATER, FL 33759		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		04222005 Chg-LLC CR2E083 (10/03)	
4. FEI Number <div style="font-size: 1.2em; font-family: monospace;">113733817</div>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HUDSON, SCOTT 2862 GULF TO BAY BLVD, SUITE F CLEARWATER, FL 33759			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: _____ (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 STREET ADDRESS CITY-ST-ZIP	MGRM HUDSON, SCOTT 2862 GULF TO BAY BLVD, SUITE F CLEARWATER, FL 33759	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUDSON, TONI 2862 GULF TO BAY BLVD, SUITE F CLEARWATER, FL 33759	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  <div style="float: right; text-align: right;"> <div style="font-size: 1.2em; font-family: monospace;">4/23/05</div> <div style="font-size: 1.2em; font-family: monospace;">727-410-9247</div> </div>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

*Div of corps
2670 Executive Center Ave
Tallahassee, FL 32309*