

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088676

Entity Name: STC PARTNERS, LLC

FILED  
Apr 30, 2006  
Secretary of State

**Current Principal Place of Business:**

4214 CARROLLWOOD VILLAGE DRIVE  
TAMPA, FL 33618

**New Principal Place of Business:**

16201 CARNOUSTIE DRIVE  
ODESSA, FL 33556

**Current Mailing Address:**

P.O. BOX 274122  
TAMPA, FL 33688

**New Mailing Address:**

FEI Number: 20-2567699

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COLVIN, HERBERT  
4214 CARROLLWOOD VILLAGE DRIVE  
TAMPA, FL 33618 US

**Name and Address of New Registered Agent:**

COLVIN, HERBERT  
16201 CARNOUSTIE DRIVE  
ODESSA, FL 33556 US

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:

04/30/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES ( ) Delete  
Name: COLVIN, CAROLE M  
Address: 4214 CARROLLWOOD VILLAGE DRIVE  
City-St-Zip: TAMPA, FL 33618

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition  
Name: COLVIN, CAROLE M  
Address: 16201 CARNOUSTIE DRIVE  
City-St-Zip: ODESSA, FL 33556

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: CAROLE M. COLVIN

PRES

04/30/2006

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