

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000001235

Entity Name: STING INVESTMENTS LLC

FILED
Feb 15, 2006
Secretary of State

Current Principal Place of Business:

13674 LITTLE HARBOUR CT
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

13674 LITTLE HARBOUR CT
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 72-1519592

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TABORDA, RUBEN D
13674 LITTLE HARBOUR CT
JACKSONVILLE, FL 32225 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: REYES, RICARDO
Address: 182 EAST 49 STREET
City-St-Zip: HIALEAH, FL 33013

Title: MGRM () Delete
Name: TABORDA, RUBEN D
Address: 13674 LITTLE HARBOUR CT
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGRM () Delete
Name: TANG, JOHN A
Address: 5300 ASPEN STREET
City-St-Zip: BELLAIRE, TX 77401

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: REYES, RICARDO
Address: 8351 S.W. 85 TERRACE
City-St-Zip: MIAMI, FL 33143

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: RUBEN TABORDA

MGRM

02/15/2006

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