2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000004179

1. Entity Name
STEREO 1 PLUS, LLC

Principal Place of Business	Mailing Address
1385 BLOUNTSTOWN HWY TALLAHASSEE, FL 32304 US	1385 BLOUNTSTOWN HWY TALLAHASSEE, FL 32304 US

2. Principal Place of Business
716 E MEMORIAL BLVD
Suite, Apt. #, etc.

3. Mailing Address
716 E MEMORIAL BLVD
Suite, Apt. #, etc.

City & State
LAKELAND FL

City & State
LAKELAND FL

Zip 3380 - 1843   Country POLK

Zip 33801 - 1843   Country POLK

05112006   Chg-LLC   CR2E093 (11/05)

4. FEI Number 14-1920766   ☐ Applied For   ☐ Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ZAKARIYA, EMAD 4952 WILLIAMSTOWN BLVD LAKELAND, FL 33810	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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by September 6, 2006

Paid ck# 1309

Make check payable to
→ Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM	☐ Delete	TITLE
NAME	ZAKARIYA, EMAD		NAME
STREET ADDRESS	4952 WILLIAMSTOWN BLVD		STREET ADDRESS
CITY-ST-ZIP	LAKELAND, FL 33810		CITY-ST-ZIP ☐ Change ☐ Addition
TITLE	MGRM	☐ Delete	TITLE
NAME	SAED, ZAED H		NAME
STREET ADDRESS	4668 WILLIAMSTOWN BLVD		STREET ADDRESS
CITY-ST-ZIP	LAKELAND, FL 33810		CITY-ST-ZIP ☐ Change ☐ Addition
TITLE		☐ Delete	TITLE ☐ Change ☐ Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		☐ Delete	TITLE ☐ Change ☐ Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		☐ Delete	TITLE ☐ Change ☐ Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		☐ Delete	TITLE ☐ Change ☐ Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP

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: Emad Zakariya   5/15/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #