

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 15, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000004179

1. Entity Name
STEREO 1 PLUS, LLC



Principal Place of Business
716 EAST MEMORIAL BLVD
LAKELAND, FL 33801-1843 US

Mailing Address
716 EAST MEMORIAL BLVD
LAKELAND, FL 33801-1843 US



02122007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1920766	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ZAKARIYA, EMAD
4952 WILLIAMSTOWN BLVD
LAKELAND, FL 33810

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2007**

U000000636934
02/26/07-80042-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ZAKARIYA, EMAD
STREET ADDRESS	4952 WILLIAMSTOWN BLVD
CITY-ST-ZIP	LAKELAND, FL 33810

TITLE	MGRM
NAME	SAED, ZAED H
STREET ADDRESS	4668 WILLIAMSTOWN BLVD
CITY-ST-ZIP	LAKELAND, FL 33810

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

2/13/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #