

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 15, 2006 8:00 am
Secretary of State

09-15-2006 90005 002 ****55.00

DOCUMENT # L05000015219

1. Entity Name
STROMBERG-FORBES LLC



Principal Place of Business
**984 BIRCH COURT
MARCO ISLAND, FL 34145 US**

Mailing Address
**984 BIRCH COURT
MARCO ISLAND, FL 34145 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07262006 Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3002062

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

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

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
STROMBERG, GARY
984 BIRCH COURT
MARCO ISLAND, FL 34145** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FORBES, CHARLOTTE
309 PINE RIDGE LANE
HILLSDALE, NY 12529** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Forbes, Charlotte 131 Ocean Grande Blvd, #601
Jupiter, Florida 33417** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 recorder or faster empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

Gary Stromberg

9/1/06

646-996-9628

ATTACHMENT

Gary Stromberg

984 Birch Court - Marco Island, Florida 34145

(239) 642-1924 - Cell: (646) 996-9628

gs@gstromberg.com

40104257

#05000015219

Florida Department of State

Dear Sir/Madam

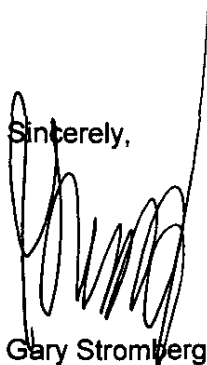
Enclosed are 3 Annual Report Forms for 3 LLC's which I manage:

- West Farms Development LLC
- Stromberg-Forbes, LLC
- 110 Churchill Partners, LLC

These were prepared a few weeks ago, and we all thought they were mailed by my office. Unfortunately, they were found on the floor, behind a carton. They must have fallen off the desk. I apologize for the delay. Please accept these forms and let me know if there are additional fees or late fees required.

Thank you for your attention to this matter.

Sincerely,



Gary Stromberg