

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000016671

Entity Name: STS LENDING LLC

FILED  
Feb 28, 2006  
Secretary of State

## Current Principal Place of Business:

1550 W CLEVELAND STREET  
TAMPA, FL 33606 US

## New Principal Place of Business:

2203 N LOIS AVE  
M500  
TAMPA, FL 33607 US

## Current Mailing Address:

1550 W CLEVELAND STREET  
TAMPA, FL 33606 US

## New Mailing Address:

2203 N LOIS AVE  
M500  
TAMPA, FL 33607 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEGAL ZOOM NEVADA, INC.  
44 W. FLAGLER ST.  
SUITE 675  
MIAMI, FL 33130 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: SARRIS, JOHN  
Address: 1550 W CLEVELAND STREET  
City-St-Zip: TAMPA, FL 33606 US

Title: MGRM ( ) Delete  
Name: SARRIS, KELLY  
Address: 1550 W CLEVELAND STREET  
City-St-Zip: TAMPA, FL 33606 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: SARRIS, JOHN  
Address: 2203 N LOIS AVE  
City-St-Zip: TAMPA, FL 33607 US

Title: MGRM (X) Change ( ) Addition  
Name: SARRIS, KELLY  
Address: 2203 N LOIS AVE  
City-St-Zip: TAMPA, FL 33607 US

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: KELLY SARRIS

VP

02/28/2006

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