
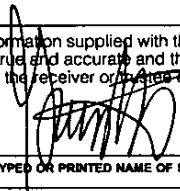


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

09-15-2006 90005 003 \*\*\*\*55.00

<b>DOCUMENT # L05000017390</b> 1. Entity Name <b>110 CHURCHILL PARTNERS, LLC</b>					
Principal Place of Business <b>984 BIRCH COURT MARCO ISLAND, FL 34145</b>			Mailing Address <b>984 BIRCH COURT MARCO ISLAND, FL 34145</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		07262006    Chg-LLC    CR2E083 (11/05)	
Zip		Country		4. FEI Number <b>Tax ID# 20-230494</b>	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ELLIOT EVANS, BRUCE 190 WEST PALMETTO PARK ROAD BOCA RATON, FL 33432</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<b>MGRM Gary Stromberg 984 Birch Court, Marco Island, FL 34145</b>	
				<b>MGRM Charlotte Forbes, 131 Ocean Grande Blvd, #601 Jupiter, Florida 33477</b>	
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 authorized representative empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b>  <b>Gary Stromberg</b>				Date <b>9/1/06</b> Daytime Phone # <b>646.996.9628</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

ATTACHMENT

Gary Stromberg

984 Birch Court - Marco Island, Florida 34145

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

gs@gstromberg.com

40104256

# L05000017390

Florida Department of State

Dear Sir/Madam

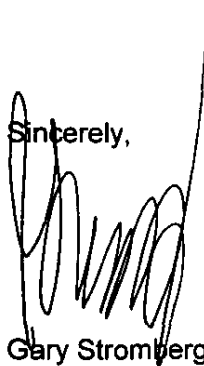
Enclosed are 3 Annual Report Forms for 3 LLC's which I manage:

- 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