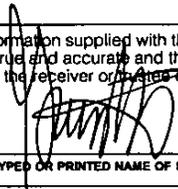


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

DOCUMENT # L05000017390					
1. Entity Name 110 CHURCHILL PARTNERS, LLC					
Principal Place of Business 984 BIRCH COURT MARCO ISLAND, FL 34145			Mailing Address 984 BIRCH COURT MARCO ISLAND, FL 34145		
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 TAX ID# : 20-230494	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ELLIOT EVANS, BRUCE 190 WEST PALMETTO PARK ROAD BOCA RATON, FL 33432			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 _____ (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			10. ADDITIONS / CHANGES		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	MGRM Gary Stromberg	
STREET ADDRESS			STREET ADDRESS	984 Birch Court, Marco Island, FL 34145	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	MGRM Charlotte Forbes, 131 Ocean Grande Blvd, #601	
STREET ADDRESS			STREET ADDRESS	Jupiter, Florida 33477	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 the one empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			Date: 9/1/06		Daytime Phone #: 646.996.9628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #

ATTACHMENT

40104256

Gary Stromberg

L05000017390

984 Birch Court - Marco Island, Florida 34145

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

gs@gstromberg.com

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