

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000018433

**FILED**  
**Feb 26, 2006**  
**Secretary of State**

**Entity Name:** R & R STRATEGIC HOLDINGS, LLC

**Current Principal Place of Business:**

5802 22ND AVE DR. EAST  
PALMETTO, FL 34221 US

**New Principal Place of Business:**

**Current Mailing Address:**

5802 22ND AVE DR. EAST  
PALMETTO, FL 34221 US

**New Mailing Address:**

FEI Number: 20-2458934

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REECE, MICHAEL  
5802 22ND AVE DR. EAST  
PALMETTO, FL 34221 US

**Name and Address of New Registered Agent:**

REECE, MICHAEL W  
5802 22ND AVE DR. EAST  
PALMETTO, FL 34221 US

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: MICHAEL W REECE

02/26/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: REECE, MICHAEL  
Address: 5802 22ND AVE DR. EAST  
City-St-Zip: PALMETTO, FL 34221 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: REECE, MICHAEL W  
Address: 5802 22ND AVE DR. EAST  
City-St-Zip: PALMETTO, FL 34221 US

Title: MGRM ( ) Change (X) Addition  
Name: REECE, JEREMY M  
Address: 5802 22ND AVE DR. EAST  
City-St-Zip: PALMETTO, FL 34221 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: MICHAEL W REECE

MGRM

02/26/2006

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