## **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## DOCUMENT # L05000023743

1. Entity Name
STRATEGIC MARKETING WORKS, LLC



## **FILED** Feb 06, 2006 8:00 am Secretary of State

02-06-2006 90167 037 \*\*\*\*50.00

SIRAIE	SIC WARRETHING WORKS, I	LC					
Principal Place of Business 501 QLD MILL POND RD PALM HARBOR, FL 34683		Mailing Address 501 OLD MILL POND RD PALM HARBOR, FL 34683				113h 1 <b>78</b> 13 <b>87883</b> 11	1 <b>19</b> )      11 <b>9</b> )
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062006 Chg-	LLC CR2EC	83 (11/05)	
City & State		City & State		4. FEI Number 55-0891	600	_ <del>  `</del>	oplied For ot Applical
Zip	Country	Zip	Country	5. Certificate of Status	Desiled	\$5.00 Add Fee Require	
	6. Name and Address of Current F	Registered Agent	Name	7. Name and Address	of New Registered	Agent	
501 OLD N	GILBERT J MILL POND RD RBOR, FL 34683		Street Addres	s (P.O. Box Number is Not a		7	
	named entity submits this statement for ions of registered agent.	City egistered office or regis	tered agent, or both, in the	FL State of Florida. 1 am			
SIGNATURE .	Signature, typed or printed name of registered agent ar	no title if applicable (NOTE:	Registered Agent signature requi	red when reinstaling)	DATE		<del></del>
Filing Fee Is \$50.00 Due by May 1, 2006					Make check p Florida Departm	-	<b>a</b>
9.	MANAGING MEMBER	S/MANAGERS	10.	AC	DDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EFFRON, GILBERT J TRUSTEE 501 OLD MILL POND RD PALM HARBOR, FL 34683	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addit
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addit
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP			☐ Change	Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addit
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<sup>11.</sup> 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.