


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**


05-03-2006 90030 025 \*\*\*\*50.00

<b>DOCUMENT # L05000025687</b>	
<b>1. Entity Name</b> STEERFORTH HOLDINGS LLC	

<b>Principal Place of Business</b> 333 STEERFORTH COURT NAPLES, FL 34110	<b>Mailing Address</b> 333 STEERFORTH COURT NAPLES, FL 34110
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<b>2. Principal Place of Business</b> 9220 Bonita Beach Road	<b>3. Mailing Address</b> 9220 Bonita Beach Road
Suite, Apt. #, etc. Suite 200-23	Suite, Apt. #, etc. Suite 200-23
City & State Bonita Springs, FL	City & State Bonita Springs, FL
Zip 34135	Country

**60035376**

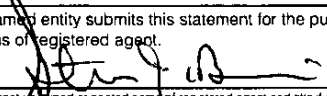


04282006 Chg-LLC CR2E083 (11/05)

<b>4. FEI Number</b> 41-2170312	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  BRACCI, STEVEN J 101 AUDUBON BOULEVARD NAPLES, FL 34110	<b>7. Name and Address of New Registered Agent</b> Name <b>Steven J. Bracci</b> Street Address (P.O. Box Number is Not Acceptable) 9220 Bonita Beach Road Suite 200-23 City <b>Bonita Springs</b> <b>FL</b> Zip Code <b>34135</b>
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**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.**

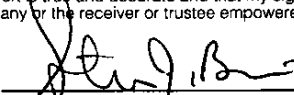
SIGNATURE  DATE **4/29/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRACCI, RENO 333 STEERFORTH COURT NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRS Bracci, Steven and Michelle 9220 Bonita Beach Road Suite 200-23 Bonita Springs, FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

SIGNATURE:  DATE **4/29/06** DAYTIME PHONE # **239-272-4500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE