2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2007 08:00 AM Secretary of State

| DOCUMENT | # L | _0500 | 0035743 |
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1. Entity Name SST, L.L.C.



Principal Place of Business

4239 63RD STREET WEST BRADENTON, FL 34209 Mailing Address

4239 63RD STREET WEST BRADENTON, FL 34209



DO NOT WRITE IN THIS SPACE

02062007 No Chg-LLC CR2E083 (11/05)

| 4. FEI Number 20-2664745 | Applied For Not Applicable |
|----------------------------------|-------------------------------|
| 5. Certificate of Status Desired | \$5.00 Additional |

6. Name and Address of Current Registered Agent

SCHERER, DAVID K 4239 63RD STREET WEST BRADENTON, FL 34209 DO NOT WRITE IN THIS SPACE

| The above named entity submits this statement for the purpose of char the obligations of registered agent. | nging its registered office or registered agent, or both. in | the State of Fiorida. I am familiar with, and accept |
|--|--|--|
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable | (NOTE Registered Agent signature required when reinstating) | DATE |
| Filing Fee is \$50.00 Due by May 1, 2007 | | |

| 9. | MANAGING MEMBERS/MANAGERS |
|---------------------------------------|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SCHERER, DAVID K 4239 63RD STREET WEST BRADENTON, FL 34209 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS | |

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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 fiability company or the receiver or true prepared to execute this report as required by Chapter 608, Florida Statutes.

| SIGNATI | JRE: |
|---------|------|
|---------|------|

CHY-ST-ZIP

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

4-26-07

941-795-6100

Daytime Phone #