



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90029 001 ****50.00

DOCUMENT # L05000036836 1. Entity Name SRM INVESTMENT COMPANY LLC					
Principal Place of Business 3202 S. MARITANA DRIVE ST. PETE BEACH, FL 33706 US			Mailing Address 3202 S. MARITANA DRIVE ST. PETE BEACH, FL 33706 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 66738 Suite, Apt. #, etc.			
City & State		City & State St. Pete Beach, FL			
Zip 33736		Country US			
4. FEI Number		03282006 Chg-LLC CR2E083 (11/05)			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SMITH, WALTER E 757 ARLINGTON AVENUE NORTH SAINT PETERSBURG, FL 33701			7. Name and Address of New Registered Agent Name MCGRATH, ROBERT T Street Address (P.O. Box Number is Not Acceptable) 167 107th Ave City Treasure Island FL Zip Code 33706		
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 <u><i>Robert T. McGrath</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4-26-06</u>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCGRATH, ROBERT 3202 S. MARITANA DRIVE ST. PETE BEACH, FL 33706	<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
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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: <u><i>Robert T. McGrath</i></u> <i>MANAGING MEMBER</i> <u>4-26-06</u> <u>(727) 368-0686</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					