


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90185 023 \*\*\*\*55.00

|   |   |
|---|---|
| <b>DOCUMENT # L05000048743</b><br>1. Entity Name<br>SR 40 LLC |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br>107 HAMPTON ROAD, SUITE 190<br>CLEARWATER, FL 33759 | Mailing Address<br>107 HAMPTON ROAD, SUITE 190<br>CLEARWATER, FL 33759 |
|--|--|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |



04132006 Chg-LLC CR2E083 (11/05)

|   |   |
|---|---|
| 4. FEI Number<br><i>84-1679489</i>  | Applied For<br><input type="checkbox"/> Not Applicable  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  | <b>\$5.00</b> Additional Fee Required   |
| 6. Name and Address of Current Registered Agent<br><br>SCHERER, JOHN C<br>107 HAMPTON ROAD, SUITE 190<br>CLEARWATER, FL 33759 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

|   |  |  |
|---|--|--|
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2006</b> |  | <b>Make check payable to</b><br><b>Florida Department of State</b> |
|---|--|--|

| 9. MANAGING MEMBERS/MANAGERS |  | 10. ADDITIONS/CHANGES |   |
|------------------------------|--|-----------------------|---|
| TITLE                        | <i>Managing Member</i> <input type="checkbox"/> Delete | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         | <i>John C Scherer</i>                                  | NAME                  |   |
| STREET ADDRESS               | <i>107 Hampton Rd, Suite 190</i>                       | STREET ADDRESS        |   |
| CITY-ST-ZIP                  | <i>Clearwater, FL 33759</i>                            | CITY-ST-ZIP           |   |
| TITLE                        | <i>Managing Member</i> <input type="checkbox"/> Delete | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         | <i>Lisa L Scherer</i>                                  | NAME                  |   |
| STREET ADDRESS               | <i>107 Hampton Rd, Suite 190</i>                       | STREET ADDRESS        |   |
| CITY-ST-ZIP                  | <i>Clearwater, FL 33759</i>                            | CITY-ST-ZIP           |   |
| TITLE                        | <input type="checkbox"/> Delete                        | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |  | NAME                  |   |
| STREET ADDRESS               |  | STREET ADDRESS        |   |
| CITY-ST-ZIP                  |  | CITY-ST-ZIP           |   |
| TITLE                        | <input type="checkbox"/> Delete                        | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |  | NAME                  |   |
| STREET ADDRESS               |  | STREET ADDRESS        |   |
| CITY-ST-ZIP                  |  | CITY-ST-ZIP           |   |
| TITLE                        | <input type="checkbox"/> Delete                        | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |  | NAME                  |   |
| STREET ADDRESS               |  | STREET ADDRESS        |   |
| CITY-ST-ZIP                  |  | CITY-ST-ZIP           |   |

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:** *[Signature]* *2/8/06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #