2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 27, 2006
Secretary of State

DOCUMENT# L05000051360

Entity Name: S3T VENTURES, LLC

Current Principal Place of Business:

317 SOUTH FOREST DUNE DRIVE
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

317 SOUTH FOREST DUNE DRIVE
ST. AUGUSTINE, FL 32080 US

Current Mailing Address:

317 SOUTH FOREST DUNE DRIVE
ST. AUGUSTINE, FL 32080

New Mailing Address:

317 SOUTH FOREST DUNE DRIVE
ST. AUGUSTINE, FL 32080 US

FEI Number: 20-3244339 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

THOMPSON, RACHEL
317 SOUTH FOREST DUNE DRIVE
ST. AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: STAHL, CURTIS E
Address: 9127 CRESTA DRIVE
City-St-Zip: LOS ANGELES, CA 90035 US

Title: MGRM ( ) Change (X) Addition
Name: THOMPSON, DAVID D
Address: 317 S. FOREST DUNE DR.
City-St-Zip: ST. AUGUSTINE, FL 32080 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID D THOMPSON MGMR 06/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date