

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000066749

1. Entity Name
SSS HOLDINGS I, LLC



FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90015 048 ****50.00

Principal Place of Business
601 BAYSHORE BLVD., SUITE 700
TAMPA, FL 33606

Mailing Address
601 BAYSHORE BLVD., SUITE 700
TAMPA, FL 33606

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent		
BEHRENFELD, CRAIG E 601 BAYSHORE BLVD., SUITE 700 TAMPA, FL 33606	<p>Name</p> <p>Street Address (P.O. Box Number is Not Acceptable)</p> <p>City</p>		
	FL	Zip Code	

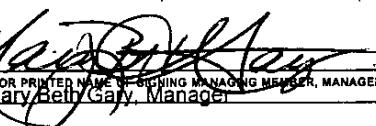
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 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, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			NAME	Mary Beth Gary
CITY-ST-ZIP			STREET ADDRESS	18 N. Broad Street
			CITY-ST-ZIP	Brooksville, FL 34601
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			NAME	
CITY-ST-ZIP			STREET ADDRESS	
TITLE	NAME	<input type="checkbox"/> Delete	CITY-ST-ZIP	
STREET ADDRESS				
CITY-ST-ZIP				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			NAME	
CITY-ST-ZIP			STREET ADDRESS	
TITLE	NAME	<input type="checkbox"/> Delete	CITY-ST-ZIP	
STREET ADDRESS				
CITY-ST-ZIP				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			NAME	
CITY-ST-ZIP			STREET ADDRESS	
TITLE	NAME	<input type="checkbox"/> Delete	CITY-ST-ZIP	
STREET ADDRESS				
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 AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Mary Beth Gary, Manager

4-19-2006 352-796-1444

Date

Daytime Phone #