

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000067580

FILED
Apr 13, 2006
Secretary of State

Entity Name: S & S INVESTMENT ENTERPRISES LLC

Current Principal Place of Business:

6683 TRAIL RIDGE DRIVE
LAKELAND, FL 33813

New Principal Place of Business:

6678 TRAIL RIDGE DRIVE
LAKELAND, FL 33813

Current Mailing Address:

P.O. BOX 6136
LAKELAND, FL 33807

New Mailing Address:

FEI Number: 20-3118700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASLANIK, STUART
6683 TRAIL RIDGE DRIVE
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

MASLANIK, STUART
6678 TRAIL RIDGE DRIVE
LAKELAND, FL 33813 US

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:

04/13/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HAMMOND, SHERRY
Address: 6683 TRAIL RIDGE DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: MGRM () Delete
Name: MASLANIK, STUART
Address: 127 PRADO PLACE
City-St-Zip: LAKELAND, FL 33803

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HAMMOND, SHERRY
Address: 6678 TRAIL RIDGE DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: MGRM (X) Change () Addition
Name: MASLANIK, STUART
Address: 6678 TRAIL RIDGE DRIVE
City-St-Zip: LAKELAND, FL 33813

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: STUART MASLANIK

MGRM

04/13/2006

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