

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000073699

Entity Name: S.R. MANAGEMENT, LLC

FILED
Jan 16, 2006
Secretary of State

Current Principal Place of Business:

701 E. WASHINGTON STREET
SUITE #1
ORLANDO, FL 32801 US

New Principal Place of Business:

2401 W. SR 434
#157
LONGWOOD, FL 32779 US

Current Mailing Address:

701 E. WASHINGTON STREET
SUITE #1
ORLANDO, FL 32801 US

New Mailing Address:

FEI Number: 20-3208151 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENE, ELLIOT
871 W. OAKLAND PARK BOULEVARD
SUITE 303
FT. LAUDERDALE, FL 33311 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: MGRM () Delete
Name: RIGBY, STEPHEN W
Address: 701 E. WASHINGTON STREET, SUITE #1
City-St-Zip: ORLANDO, FL 32801 US

Title: MGRM () Delete
Name: CARRS BARBERS CLUB (, USA), INC.
Address: 701 E. WASHINGTON STREET, SUITE #1
City-St-Zip: ORLANDO, FL 32801 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: CARRS - THE TRADITIONAL BARBER, INC.
Address: 701 E. WASHINGTON STREET, SUITE #1
City-St-Zip: ORLANDO, FL 32801 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: CARRS - THE TRADITIONAL BARBER, INC MGMR 01/16/2006

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