2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000073699

Entity Name: S.R. MANAGEMENT, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
2401 W. SR 434 #157 LONGWOOD, FL 32779 US	

Current Mailing Address:	**New Mailing Address:**
701 E. WASHINGTON STREET SUITE #1 ORLANDO, FL 32801 US	2401 W.SR 434 SUITE #157 LONGWOOD, FL 32779 US

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

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
GREENE, ELLIOT 871 W. OAKLAND PARK BOULEVARD SUITE 303 FT. LAUDERDALE, FL 33311 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: _____

       Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: | **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	RIGBY, STEPHEN W	Name:	RIGBY, STEPHEN W
Address:	701 E. WASHINGTON STREET, SUITE #1	Address:	2401 WSR 434 #157
City-St-Zip:	ORLANDO, FL 32801 US	City-St-Zip:	LONGWOOD, FL 327709 US
Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	CARRS - THE TRADITIO, NAL BARBER, IN C .	Name:	CARRS - THE TRADITIO, NAL BARBER, IN C .
Address:	701 E. WASHINGTON STREET, SUITE #1	Address:	4700 MILLENIA BLVD #340
City-St-Zip:	ORLANDO, FL 32801 US	City-St-Zip:	ORLANDO, FL 32839 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: STEPHEN W RIGBY   MGMR   03/18/2007

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