2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000091133

Title:

Name:

Address:

City-St-Zip:

MGR

() Delete

RAYMOND, DEMARCO

FORT MYERS, FL 33908

15850 PINE RIDGE ROAD #4

Entity Name: STRG AND ASSOCIATES, LLC

FILED May 01, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8801 COLLEGE PARKWAY, SUITE 1 FORT MYERS, FL 33913 **Current Mailing Address: New Mailing Address:** 8801 COLLEGE PARKWAY, SUITE 1 12800 UNIVERSITY DRIVE FORT MYERS, FL 33913 SUITE 500 FORT MYERS, FL 33907 FEI Number: 20-3473911 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: Name and Address of New Registered Agent: CABRERA, SAMIR 8951 RIVER PALM COURT US FORT MYERS, FL 33919 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: MGR Title: () Change () Addition () Delete CABRERA, SAMIR Name: Name: Address: 15850 PINE RIDGE ROAD #4 Address: City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: RUIZ, GILBERTO Name: Address: 15850 PINE RIDGE ROAD #4 Address: City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: Title: MGR () Delete Title: () Change () Addition TURNER, TODD Name: Name: 15850 PINE RIDGE ROAD #4 Address: Address: City-St-Zip: FORT MYERS, FL 33908 City-St-Zip:

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.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: SAMIR CABRERA MGR 05/01/2006