
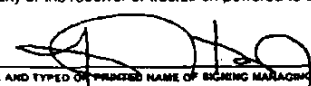


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90280 009 \*\*\*\*50.00  
03-19-2007 90467 031 \*\*\*\*60.00

<b>DOCUMENT # L06000051852</b> 1. Entity Name <b>STRONG TETON, LLC</b>					
Principal Place of Business <b>1000 N. ORLANDO AVE., SUITE D WINTER PARK, FL 32789</b>			Mailing Address <b>1000 N. ORLANDO AVE., SUITE D WINTER PARK, FL 32789</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>N/A</b> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				01052007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>CALLAHAN, W. SCOTT ESQ. % STUMP, CALLAHAN, DIETRICH &amp; SPEARS, P.A. 37 N. ORANGE AVE., SUITE 200 ORLANDO, FL 32801</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when amending) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STRONG, DAVID C 1000 N. ORLANDO AVE., SUITE D WINTER PARK, FL 32789		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 			<b>2/13/07 407629-1800</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

**DAVID C. STRONG**

ATTACHMENT  
**STRONG MANAGEMENT**

40038751

March 13, 2007

Division of Corporations  
P.O. Box 6478  
Tallahassee, FL 32314  
Attn : Florida Department of State  
Annual Reports Section

**Subject: Strong Teton, LLC**  
**Reference Number: L06000051852**

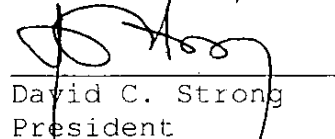
Gentlemen:

Our accountant has advised us that the IRS has advised him that no FEIN is required for Strong Teton, LLC.

Please advise if you disagree. Thank you.

Very truly yours,

**STRONG TETON, LLC**

  
\_\_\_\_\_  
David C. Strong  
President

DCS/pa