## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT. (AR)

## Apr 03, 2006 08:00 AM Secretary of State DOCUMENT # L99000005783 1. Entity Name STRATFORD INVESTMENTS, LLC Principal Place of Business Mailing Address 2025 CLUB DRIVE VERO BEACH FL 32963 2025 CLUB DRIVE VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied For 4. FEI Number 52-2191570 Not Applicable Ζiρ Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAUFFER, LAWRENCE C Street Address (P.O. Box Number is Not Acceptable) 2025 CLUB DRIVE VERO BEACH FL 32963 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 Signature, typed or printed name of registered agent and life it applicable (NOTE Registored Agent agridure required when reinstalling) TATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 g. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE ☐ Delete THILE □ Change ■ Addition MAAN LAUFFER, LAWRENCE C NAME STREET ADDRESS 2025 CLUB DRIVE STREET ADDRESS CITY - ST-ZIP VERO BEACH FL 32963 CITY-ST-70P RILE ☐ Delete MIE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THE Change Addition U00000490642 NAME NAME 04/18/06-80065-006 50.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WILE ☐ Defete BBE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP nne ☐ Defete TITLE ☐ Change Addition NAME NAME STREET AGORESS STREET ADDRESS **CITY-S7-ZIP** CITY-ST-ZIP BRE Deteta MLE □ Change Addition MAME NAME STREET ADURESS STRCET AUDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filling does not malify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and agrifficate 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 hability company or the recover or trustee ampowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

SIGNATURE: Alle Mulfer HAWRENE C. HANTEN MARCH 24,06 172-231-2761