2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M02000001639

1. Entity Name
STRAVINA OPERATING COMPANY, LLC

Principal Place of Business	Mailing Address
19850 NORDHOFF PLACE CHATSWORTH, CA 91311	19850 NORDHOFF PLACE CHATSWORTH, CA 91311

DO NOT WRITE IN THIS SPACE

04192005No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
51-0388988	Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

DO NOT WRITE
IN THIS SPACE

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 title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

U000000329982
04/25/05-80138-025 50.00

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	CONSOLIDATED PRERSONALIZED AND SOUVENIR HO	
STREET ADDRESS	19850 NORDHOFF PLACE	
CITY-ST-ZIP	CHATSWORTH, CA 91311	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

DO NOT WRITE
IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: _____   4/19/05   818 886 5901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #