2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M02000001905

1. Entity Name
STRAUGHAN TECHNICAL DISTRIBUTION LLC

FILED
06 OCT 25 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
8406 BENJAMIN ROAD, SUITE J TAMPA, FL 33634	8406 BENJAMIN ROAD, SUITE J TAMPA, FL 33634

DO NOT WRITE IN THIS SPACE

01082006No Chg-LLC CR2E083 (11/05)

4. FEI Number
76-0622713
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated)

Filing Fee is $50.00
Due by May 1, 2006

300001177169
03/27/06--90186--001 **100.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	TRUEX, BRYAN
STREET ADDRESS	521 BELLE ISLE AVENUE
CITY-ST-ZIP	BELLEAIR BEACH, FL 33786
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

2006

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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.

SIGNATURE: Bryan Truex 1/4/06 1-877 312 2333
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER OR MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #