2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2006
Secretary of State

DOCUMENT# M05000000501

Entity Name: STREAMLINE REALTY OF NORTH CAROLINA, LLC

Current Principal Place of Business:

4500 EXECUTIVE DRIVE, SUITE 210
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

4500 EXECUTIVE DRIVE, SUITE 210
NAPLES, FL 34119

New Mailing Address:

FEI Number: 02-0680607 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUIDO, ARTURO V
7495 TREELINE DRIVE
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

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:

Title: MGRM ( ) Delete
Name: GUIDO, ARTURO V
Address: 4500 EXECUTIVE DRIVE, SUITE 210
City-St-Zip: NAPLES, FL 34119

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: GUIDO, VALERIE A
Address: 4500 EXECUTIVE DRIVE, SUITE 210
City-St-Zip: NAPLES, FL 34119

Title: MGRM ( ) Change (X) Addition
Name: GUIDO, FRANK J
Address: 4500 EXECUTIVE DRIVE, SUITE 210
City-St-Zip: NAPLES, FL 34119

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.

SIGNATURE: ARTURO V. GUIDO MGRM 02/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date