


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 11:57

DOCUMENT # M05000001036					
1. Entity Name STRONG CITY SECURITIES LLC					
Principal Place of Business 24 LONG HILL ROAD NEWTON, NJ 07860			Mailing Address 24 LONG HILL ROAD NEWTON, NJ 07860		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		09052006 Chg-LLC CR2E083 (11/05)	
Zip		Country		4. FEI Number 30-0234854	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BENNETT, CHRISTIAN 7311 STATE ROAD 54 NEW PORT RICHEY, FL 34653			Name - <u>Christian Bennett</u> Street Address (P.O. Box Number is Not Acceptable) <u>10344 Pelona Drive</u> City <u>Trinity</u> FL Zip Code <u>34655</u>		
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 <u>Christian Bennett</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>9/6/06</u> <small>NOTE: Registered Agent signature required when reconstituting</small>		
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARUSO, DAVID 24 LONG HILL ROAD NEWTON, NJ 07860	<input type="checkbox"/> Delete			
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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: <u>[Signature]</u>			Date <u>9-6-06</u> Daytime Phone # <u>212-229-8381</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					