


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 28, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # M05000006931 1. Entity Name SECURITY TAG STORE, LLC |  |
|---|---|

| | |
|--|--|
| Principal Place of Business 735 N.E. 19TH PLACE, SUITE 17 CAPE CORAL, FL 33909 | Mailing Address 735 N.E. 19TH PLACE, SUITE 17 CAPE CORAL, FL 33909 |
|--|--|

| |
|-----------------------------------|
| DO NOT WRITE IN THIS SPACE |
|-----------------------------------|



07062006No Chg-LLC

CR2E083 (11/05)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 20-3908078 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

| |
|--|
| 6. Name and Address of Current Registered Agent ZEIFF, MICHAEL G 735 N.E. 19TH PLACE, SUITE 17 CAPE CORAL, FL 33909 |
|--|

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

**Filing Fee is \$50.00
Due by September 6, 2006**

000000572702
07/28/06-80009-024 100.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CATO GAINES HOLDINGS, LLC 735 N.E. 19TH PLACE, SUITE 17 CAPE CORAL, FL 33909 |
| 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 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 a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.