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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT		Apr 30, 2004 8:00 Secretary of State
OCUMENT # L0300040402		04-30-2004 90071 014 ****50.00

STOCK REALTY, LLC Mailing Address 24060787 Principal Place of Business 5692 STRAND COURT, SUITE 1 5692 STRAND COURT, SUITE 1 NAPLES, FL 34110 NAPLES, FL 34110 3. Mailing Address 2. Principal Place of Business 8012 Grand 4501 <u>amiami</u> Suite, Apt. #, etc. Suite, Apt. #, etc 04252004 CR2E083 (10/03) <u>>ખ:-</u> 300 City & State Applied For City & State 4. FEI Number 20-0330969 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRIDER, CRAIG D 4001 TAMIAMI TRAIL NORTH, SUITE 300 Street Address (P.O. Box Number is Not Acceptable) NAPLES, FL 34103 City Zip Code FL 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) Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. **C**hange MGR TITLE Addition TITLE ☐ Delete NAME STOCK DEVELOPMENT, LLC NAME Tr. Suite 300 STREET ADDRESS 5692 STRAND COURT, SUITE 1 STREET ADDRESS CITY-ST-ZIP NAPLES, FL-34118 CITY-ST-ZIP Addition ☐ Delete TITLE enneth C. Stock NAME NAME Tamiami Tr. Juite 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition A TITLE K. Stock NAME NAME Suite 300 STREET ADDRESS STREET ADDRESS Tamiami CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change Black NAME Brad\_ NAME STREET ADDRESS STREET ADDRESS Tamiami  $\Gamma c.$ CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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: OR AUTHORIZED REPRESENTATIVE SIGNATURE AND TYPED OR PRINTED NAME OF SIG NG MANAGING WEMBER, MANAGER

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