


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90489 001 ****69.37
 04-21-2008 90489 002 ****69.38

| | |
|--|---|
| DOCUMENT # L04000056672 1. Entity Name STEPELTON WEST, LLC |  |
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|---|---|
| Principal Place of Business 5110 NORTH FEDERAL HIGHWAY SUITE 100 FORT LAUDERDALE, FL 33308 | Mailing Address 5110 NORTH FEDERAL HIGHWAY SUITE 100 FORT LAUDERDALE, FL 33308 |
|---|---|

30004505

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01082008 No Chg-LLC CR2E083 (12/07)

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|---|---------------------------------------|
| 4. FEI Number 20-2349125 | 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

CHRISTOPHER D. NILES, PA
 3012 EAST COMMERCIAL BLVD.
 200
 FORT LAUDERDALE, FL 33308

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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 reinstating)

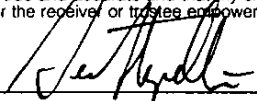
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR STEPELTON, SEAN 5110 NORTH FEDERAL HIGHWAY, SUITE 100 FORT LAUDERDALE, FL 33308 |
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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:  4/3/08 954-776-3386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #