


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90037 014 ****50.00

DOCUMENT # L05000028928

1. Entity Name
STUART KANNER 2, LLC



Principal Place of Business *2257 Vista Pkwy* Mailing Address *2257 Vista Pkwy*
1560 LATHAM ROAD, NO. 7 #17 **1560 LATHAM ROAD, NO. 7 #17**
WEST PALM BEACH, FL 33409-33411 **WEST PALM BEACH, FL 33409-33411**



2. Principal Place of Business *2257 Vista Parkway* 3. Mailing Address *2257 Vista Parkway*
 Suite, Apt. #, etc. *17* Suite, Apt. #, etc. *17*

04252006 Chg-LLC CR2E083 (11/05)

City & State *West Palm Beach FL* City & State *West Palm Beach, FL*

4. FEI Number *35-2253798* Applied For
 Not Applicable

Zip *33411* Country *US* Zip *33411* Country *US*

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
JACOBSON, ANDREW M
712 U.S. HIGHWAY ONE, SUITE 400
WEST PALM BEACH, FL 33409

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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 _____

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCRANEY, STEVEN E <i>2257 Vista Pkwy</i> 1560 LATHAM ROAD, NO. 7 #17 WEST PALM BEACH, FL 33409-33411	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *James A. M... Co. Manager* Date *4/26/06* Daytime Phone # *561-478-4300*