


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000027806
1. Entity Name
5726 STUART AVE., LLC



Principal Place of Business: 4341 VENETIA BLVD, JACKSONVILLE FL 32210
Mailing Address: P.O. BOX 24, ORTEGA STATION, JACKSONVILLE FL 32210



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

City & State

4. FEI Number: **NO-T APPLICABLE**
Applied For: Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent
CONWAY, CHARLES M JR.
5726 STUART AVENUE
JACKSONVILLE FL 32254

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's signature required when applicable) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to: Florida Department of State

| 9. MANAGING MEMBERS / MANAGERS | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CONWAY, CHARLES M 4341 VENETIA BLVD JACKSONVILLE FL 32210 | <input type="checkbox"/> Delete |
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| 10. ADDITIONS / CHANGES | | |
|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | U00000936122 05/23/08-80099-006 138.75 | <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 |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Charles M. Conway Jr.* **C.M. Conway Jr.** 4/26/08 208 399-4050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date: 04/26/08