


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

07 NOV 14 PH 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L06000027806		
1. Entity Name 5726 STUART AVE., LLC		
Principal Place of Business 5726 STUART AVENUE JACKSONVILLE FL 32254	Mailing Address P.O. BOX 24 ORTEGA STATION JACKSONVILLE FL 32210	



2. Principal Place of Business - No P.O. Box # <i>4341 Venetia Blvd</i>	3. Mailing Address <i>PO Box 24, Ortega Sta.</i>
Suite, Apt. #, etc. <i>113</i>	Suite, Apt. #, etc.
City & State <i>Jacksonville FL</i>	City & State <i>Jacksonville FL</i>
Zip <i>32210</i>	Zip <i>32210</i>
Country <i>USA</i>	Country <i>USA</i>

2nd MOORE CR2E083 (4/07)

4. FEI Number <i>N/A</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>CONWAY, CHARLES M JR.</b> 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
	State <b>FL</b> 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 *[Signature]* DATE *4/7/07*

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 5, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Pres. dnt Charles M. Conway, Jr. 4341 Venetia Blvd. Jacksonville, Fla 32210</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <i>600110183006 10/02/07--01039--021 **50.00</i>
			<input type="checkbox"/> Change <input type="checkbox"/> Addition  <i>600110183006 11/20/07--01021--007 **100.00</i>
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT

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: *[Signature]* DATE *9/25/07* DAYTIME PHONE # *208-399-4082*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE