

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000018331

**Entity Name:** STUART LODGE PARTNERS LLC

**Current Principal Place of Business:**

31550 CR 437  
SORRENTO, FL 32776

**Current Mailing Address:**

31550 CR 437  
SORRENTO, FL 32776 US

**FEI Number:** 45-4646025

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MAXWELL, PHILIP J  
31550 CR 437  
SORRENTO, FL 32776 US

*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.*

**SIGNATURE:** PHILIP JAMES MAXWELL

04/24/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           CROSON, DAVID A.  
Address        31550 CR 437  
City-State-Zip: SORRENTO FL 32776

Title           MANAGER  
Name           HOFMEISTER, TOM L.  
Address        4130 UNITED AVE  
City-State-Zip: MT DORA FL 32757

Title           MANAGER  
Name           KURTZ, SHEILA H.  
Address        2 PALMETTO DRIVE  
City-State-Zip: SEWALL'S POINT FL 34996

Title           MANAGER  
Name           CROSON, CHARLES  
Address        89 BLEECKER STREET  
                  APT.5E  
City-State-Zip: NEW YORK NY 10012

Title           MANAGER  
Name           HARVARD, JOSEPH  
Address        31550 CR 437  
City-State-Zip: SORRENTO FL 32776

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID A. CROSON

CEO

04/24/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date