

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000018331

**Entity Name:** STUART LODGE PARTNERS LLC

**Current Principal Place of Business:**

4130 UNITED AVE  
MT DORA, FL 32757

**Current Mailing Address:**

4130 UNITED AVE  
MT DORA, FL 32757 US

**FEI Number:** 45-4646025

**Certificate of Status Desired:** No

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

HOFMEISTER, TOM L  
4130 UNITED AVE  
MT DORA, FL 32757 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           CROSON, DAVID A.  
Address        4130 UNITED AVE  
City-State-Zip: MT DORA FL 32757

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

Title           MANAGER  
Name           KURTZ, SHEILA H.  
Address        4130 UNITED AVE  
City-State-Zip: MT DORA FL 32757

*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:** TOM HOFMEISTER

MGR

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date