


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000002415 1. Entity Name STOER BUILDING, LLC	
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Principal Place of Business 1300 W. NORTH BLVD LEESBURG, FL 34748	Mailing Address 1300 W. NORTH BLVD LEESBURG, FL 34748
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03082007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3628250	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

GRIZZARD, THOMAS N
1300 W. NORTH BLVD
LEESBURG, FL 34748

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRIZZARD, THOMAS N 1300 W. NORTH BLVD LEESBURG, FL 34748
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM MILLER, JAMES L 1300 W. NORTH BLVD LEESBURG, FL 34748
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM COOK, CATHY 3205 SILVER LAKE DR LEESBURG, FL 34748
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/23/07-80068-008 50.00

**DO NOT WRITE
IN THIS SPACE**

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:  3-7-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #