


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000002685 1. Entity Name STUART FLORIDA PROPERTY, LLC	
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Principal Place of Business C/O FOWLER, WHITE 501 EAST KENNEDY BLVD., SUITE 1700 TAMPA, FL 33602	Mailing Address 11401 ROOSEVELT BLVD ATTN: TAX DEPT PHILADELPHIA, PA 19154
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04222004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3631201	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HUMPHRIES, J. BOB
501 EAST KENNEDY BLVD., SUITE 1700
TAMPA, FL 33602

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, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P REILLY, JOHN H JR 11401 ROOSEVELT BOULEVARD PHILADELPHIA, PA 19154
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CAROSELLA, CARMEN D 11401 ROOSEVELT BOULEVARD PHILADELPHIA, PA 19154
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST HOPE, NICHOLAS V 11401 ROOSEVELT BOULEVARD PHILADELPHIA, PA 19154
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS HUMPHRIES, J. BOB 501 EAST KENNEDY BLVD., SUITE 1700 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes.

SIGNATURE: *Joseph S. Huntowski* JOSEPH S. HUNTOWSKI 4-27-04 215-602-8295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #