


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

|   |   |
|---|---|
| DOCUMENT # L00000002685<br>1. Entity Name<br>STUART FLORIDA PROPERTY, LLC |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>C/O FOWLER, WHITE<br>501 EAST KENNEDY BLVD., SUITE 1700<br>TAMPA, FL 33602 | Mailing Address<br>11401 ROOSEVELT BLVD<br>ATTN: TAX DEPT<br>PHILADELPHIA, PA 19154 |
|---|---|



04222004 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent

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

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