


**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"/>	<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

**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 #