


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2005 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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04212005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-3631201 | Applied For <input type="checkbox"/> Not Applicable |
| 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 HUMPHRIES, J. BOB 501 EAST KENNEDY BLVD., SUITE 1700 TAMPA, FL 33602 | DO NOT WRITE IN THIS SPACE |
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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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

L000000346790
04/30/05-80089-016 50.00

| 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 608, Florida Statutes.

SIGNATURE: *Joseph S. Huntowski* JOSEPH S. HUNTOWSKI 4-26-05 215-602-8295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #