


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000002685  
 1. Entity Name  
 STUART FLORIDA PROPERTY, LLC



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
---	---



04272007 No Chg-LLC CR2E083 (11/05)

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

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

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	

U00000759833  
 05/24/07-80058-021 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: Joseph H Huntawsh Date: 4/30/07 Daytime Phone #: 215-602-8295  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE