


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 06, 2008 08:00 AM**  
**Secretary of State**

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



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

**DO NOT WRITE IN THIS SPACE**



04282008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>59-3631201</b>	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**

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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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

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

U00000948827  
 06/03/08-80002-014 138.75

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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 S. Huntowski*      **JOSEPH S. HUNTOWSKI**      4/29/08      215-602-8235  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #