


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
C/O FOWLER, WHITE
501 EAST KENNEDY BLVD., SUITE 1700
TAMPA, FL 33602

Mailing Address
11401 ROOSEVELT BLVD
ATTN: TAX DEPT
PHILADELPHIA, PA 19154

DO NOT WRITE IN THIS SPACE



04282008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 59-3631201	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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

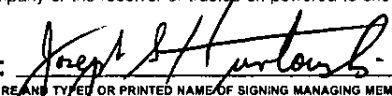
9. MANAGING MEMBERS/MANAGERS

TITLE 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	

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. HUNTOWICK** 4/29/08 215-602-8235

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