

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90692 048 ****50.00

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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.
PHILADELPHIA PA 19154**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
11401 Roosevelt Blvd
Suite, Apt. #, etc.
Affn: Tax Dept
City & State
Philadelphia, PA
Zip
19154



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3631201** Applied For
Not Applicable

5. Certificate of Status Desired **\$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**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REILLY, JOHN H JR 11401 ROOSEVELT BOULEVARD PHILADELPHIA PA 19154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAROSELLA, CARMEN D 11401 ROOSEVELT BOULEVARD PHILADELPHIA PA 19154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST HOPE, NICHOLAS V 11401 ROOSEVELT BOULEVARD PHILADELPHIA PA 19154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HUMPHRIES, J. BOB 501 EAST KENNEDY BLVD., SUITE 1700 TAMPA FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** 4/30/03 (215)698-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)