

**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

0069696

**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**      **PHILADELPHIA PA 19154**  
**TAMPA FL 33602**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**11401 Roosevelt Blvd**  
**Attn: Tax Dept**  
**Philadelphia, PA**  
**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      7. Name and Address of New Registered Agent

**HUMPHRIES, J. BOB**  
**501 EAST KENNEDY BLVD., SUITE 1700**  
**TAMPA FL 33602**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**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	<b>P</b> <b>REILLY, JOHN H JR</b> <b>11401 ROOSEVELT BOULEVARD</b> <b>PHILADELPHIA PA 19154</b> <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	<b>V</b> <b>CAROSELLA, CARMEN D</b> <b>11401 ROOSEVELT BOULEVARD</b> <b>PHILADELPHIA PA 19154</b> <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	<b>VST</b> <b>HOPE, NICHOLAS V</b> <b>11401 ROOSEVELT BOULEVARD</b> <b>PHILADELPHIA PA 19154</b> <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	<b>AS</b> <b>HUMPHRIES, J. BOB</b> <b>501 EAST KENNEDY BLVD., SUITE 1700</b> <b>TAMPA FL 33602</b> <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)