


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # L00000009683	
1. Entity Name STUART U.S. 2, L.L.C.	

Principal Place of Business 505 S. FLAGLER DRIVE, SUITE 1010 WEST PALM BEACH, FL 33401	Mailing Address 505 S. FLAGLER DRIVE, SUITE 1010 WEST PALM BEACH, FL 33401
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DO NOT WRITE IN THIS SPACE



02072008No Chg-LLC CR2E083 (12/07)

4. FEI Number 65-1031664	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

JOHNSON, SCOTT A
505 SOUTH FLAGLER DRIVE, SUITE 1010
WEST PALM BEACH, FL 33401

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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

L000000850986
03/25/08-80020-014 138.75

B. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOENIG, PATRICK C 505 S. FLAGLER DRIVE, SUITE 1010 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, SCOTT A 505 S. FLAGLER DRIVE, SUITE 1010 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, RICHARD S JR 505 S. FLAGLER DRIVE, SUITE 1010 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, RICHARD S 505 S. FLAGLER DRIVE, SUITE 1010 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **2/29/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #