## **FILED** Jan 14, 2008 08:00 Al Secretary of State

ANNUAL REPORT			
DOCUMENT # L00000010113			
MICHAEL J. STEBBINS, P.L.			



Principal Place of Business

504 NORTH BAYLEN ST. PENSACOLA, FL 32501

Mailing Address

504 NORTH BAYLEN ST. PENSACOLA, FL 32501



01072008 No Chg-LLC

CR2E083 (12/07)

8504349922

Daytima Phone #

4. FEI Number 59-3665199	<u> </u>		Applied For Not Applicable
5. Certificate of Status Desired		\$5.00	Additional duired

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STEBBINS, MICHAEL J 504 NORTH BAYLEN ST. PENSACOLA, FL 32501

the obligations of registered agent.

NAME STREET ADDRESS CITY-ST-ZIP --

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

SIGNATURE.			·
SIGNATORES	Signature, typed or orinted name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE After May	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75		U00000784941 01/16/08-80074-019 138.75
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEBBINS, MICHAEL J 504 NORTH BAYLEN STREET PENSACOLA, FL 32501	·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DC	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP			
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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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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