



**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000Q10457 1. Entity Name STAGGER LEE ENTERPRISES II, LLC	
--	---

Principal Place of Business 1702 BEN COVE CT ORLANDO, FL 32818	Mailing Address 1702 BEN COVE CT ORLANDO, FL 32818
--	--

DO NOT WRITE IN THIS SPACE



04092005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 58-2573628	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

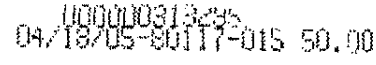
6. Name and Address of Current Registered Agent THIERRY, JOHN CARL BRIAN 1702 BEN COVE CT ORLANDO, FL 32818	DO NOT WRITE IN THIS SPACE
---	---------------------------------------

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 _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THIERRY, JOHN CARL BRIAN 1702 BEN COVE CT ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP THERRY, AIMEE MARIE C 1702 BEN COVE CT ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	



**DO NOT WRITE
IN THIS SPACE**

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: John B. Thierry 4/8/05 **PRESIDENT**

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