


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90055 012 ***138.75

DOCUMENT # L01000001350			
1. Entity Name STEPHENS INVESTMENTS, LLC			
Principal Place of Business 130 BREAKERS COURT #143 PUNTA GORDA, FL 33950		Mailing Address P.O. BOX 511128 PUNTA GORDA, FL 33951-1128 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1133 BAL HARBOR BLVD. #139 PM B-314	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State PUNTA GORDA, FL	
Zip	Country	Zip	Country
33950		33950	CHARLOTTE
6. Name and Address of Current Registered Agent MOORE, JAMES E III 1625 WEST MARION AVE. SUITE 2 PUNTA GORDA, FL 33950		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
FILE NOW!!! FEE IS \$338.75 After May 1, 2008 Fee will be \$548.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STEPHENS, LYLE L 130 BREAKERS CT. UNIT 143 PUNTA GORDA, FL 33950 <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
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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: LYLE L. STEPHENS <i>Lyle L. Stephens</i>		1-10-08 941/628-0750	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	