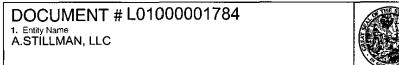
2004 LIMITED LIABILITY COMPANY

ANNUAL REPORT



FILED Jan 27, 2004 8:00 am Secretary of State 01-27-2004 90020 005 ****50.00

1. Entity Name A.STILLMAN, LLC					:	01-27-2004	1 90020 00	33(0.00	
Principal Place of Business C/O BILL T. SMITH, JR., P.A. 980 NORTH FEDERAL HIGHWAY, SUITE 402 BOCA RATON, FL 33432		Mailing Address C/O BILL T. SMITH, JR., P.A. 980 NORTH FEDERAL HIGHWAY, SUITE 402 BOCA RATON, FL 33432				พมพมพม พรรรษ				
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01062004	Chg-LLC	CR2E083	· · ·		
City & State		City & State		4. FEI Numb 65-109			<u> </u>	plied For Applicable		
.Zip	Country					5. Certificate of Status Desired \$5.00 Additional Fee Required				
-	6. Name and Address of Current F	7. Name and Address of New Registered Agent Name								
SMITH, BILL T ESQ. 980 NORTH FEDERAL HIGHWAY, SUITE 402				Street Address (P.O. Box Number is Not Acceptable)						
BOCA RATON, FL 33432					<u></u>					
· · · · · · · · · · · · · · · · · · ·				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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	ling Fee is \$50.00 ue by May 1, 2004					,	ke check pay a Departmer		•	
9.	MANAGING MEMBER	RS/MANAGERS	/MANAGERS 10.			ADDITIONS	/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STILLMAN, ALICE TRUSTEE 980 NORTH FEDERAL HIGHWA' BOCA RATON, FL 33432	7, SUITE 402		I				□ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STILLMAN, ROGER A TRUSTEE 980 NORTH FEDERAL HIGHWA' BOCA RATON, FL 33432			I			-	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, BILL T., JR. TRUSTEE 980 NORTH FEDERAL HIGHWA' BOCA RATON, FL 33432	7, SUITE 402		l	er e	ST 44.00	+ [Change ***	· Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		I				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		t			1	☐ Change	Addition	
11. I hereby of	certify that the information supplied with on this report is true and accurate and.	this filing does not qualify for t	the exe	mption stated in Se	ection 119.07(3)(i), Florida Statutes.	I further certif	y that the in	formation	

npowered to execute this report as required by Chapter 608, Florida Statutes.