


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 06, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000001784

1. Entity Name
A.STILLMAN, LLC



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
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05202005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1091017	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, BILL T ESQ.
980 NORTH FEDERAL HIGHWAY, SUITE 402
BOCA RATON, FL 33432

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STILLMAN, ROGER A TRUSTEE 980 NORTH FEDERAL HIGHWAY, SUITE 402 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, BILL T., JR. TRUSTEE 980 NORTH FEDERAL HIGHWAY, SUITE 402 BOCA RATON, FL 33432
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06/06/05-80002-006 50.00

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: *[Signature]* **MGRM** **5/29/05** **561-368-5157**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #