

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
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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01092007 No Chg-LLC CR2E083 (11/05)

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 May 1, 2007**

000000724151
05/02/07-80098-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STILLMAN, ROGER 980 NORTH FEDERAL HIGHWAY, SUITE 402 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, JR, BILL T 980 NORTH FEDERAL HIGHWAY, SUITE 402 BOCA RATON, FL 33432
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**DO NOT WRITE
IN THIS SPACE**

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: *Bill Smith* 4/17/07 561-368-5757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #