## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L01000014198

1. Entity Name

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FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91809 021 \*\*\*\*50.00

Principal Place of Business	STANLEY	DEVELOPMENT, LLC				}					
Suite, Apt. #, etc.   Suite, Apt. #, etc.   City & State   A FEIN.mber \$9-3737772   Applied For Not Applied For For Not Applie	7860 PROFESSIONAL PLACE		P.O. BOX 1014		-   						
Suite, Apt. #, etc.   Suite, Apt. #, etc.   City & State   A FEI Number \$9-3737772   New Application   New Application   New Application   State	O Dalasia al Di		1 a Maillion Address								
City & State    City & State   City	2. Principal Pi	ace of Business	3. Mailing Address		<u> </u>	] }   }			<b>  </b>	1161 1811 18 <b>8</b> 1	
Zip   Country   Zip   Country   S. Certificate of Status Desired   S.0.0 Additional row Regulatorial Agent   Street Address of Current Registered Agent   Street Address of New Regulatorial Agent   Street Address (F.O. Box Number is Not Acceptable)	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		· · · · ·	}	CHECK HERE II	MAKING	CHANGES	ı	
S. Name and Address of Current Registered Agent  RAINS, JOHN H III 501 E KENNEDY BLVD SUTE 750 TAMPA FL 33602  8. The above named dentity 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations	City & State	3	City & State	_		4. FEI Num	ber <b>59-3737772</b>		<del></del>		]
Name   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Bo	Zip	Country	Zip	Coun	try	5. Certifica	te of Status Desired				]
RANS, JOHN H II  501 E KENNEDY BLVD SUTE 780 TAMPA FL 38002  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  SIGNATURE  MARC HORSES (P.O. Box Number is Not Acceptable)  FILE NOW!!! FEL IS \$50.00  Make Check Payable to Florida Department of State  Due By May 1, 2003  9. MANAGING MEMBERS (MANAGERS 10. ADDITIONS/CHANGES 11. MARC 10. MARC		6. Name and Address of Current	Registered Agent			7. Name a	nd Address of New Re	gistered A	gent		7
SUTE 750 TAMPA RI. 33602  City  FL  Zip Code  8. The above named entity sucmits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signam, the of present form of flequismed agent and 9% it seal cobe.  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State Due By May 1, 2003  9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS/CHANGES  ITTLE NAME STREET ADDRESS OITY-ST-2P  TITLE NA											4
TAMPA FL 33602  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent.  SIGNATURE    Signature, bytes or pristed retire of inguisered agent and 916 4 acciticate.   PAPTE Registered Agent agent and secretary					Sileet Address (i	P.O. BOX Nulli	ber is Not Acceptable)				1
8. The above named entity submits statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept fine bolligations of registered agent.    SignATURE				. !		·					
THE Obligations of registered agent.  SIGNATURE    Signature, tyted or printed name of linguistered agent and 19th if applicable.   (NOTE) Registered Agent segnature required when remalators)   DATE					<u> </u>	_ <del>_</del>	<u> </u>		<u> </u>		
Signature, typend or printed rune of regulatered spert in ordin (Particle Regulatered Apert signature) experts and reinsplant or reinsplant (Particle Regulatered Apert signature) experts and reinsplant (Particle Regulatered Aperts and reinspl			or the purpose of changing its re	egistere	ed office or registere	ed agent, or t	ooth, in the State of Flori	ida. I am f	amiliar with,	and accept	}
FILE NOW:!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003  9.	SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registere	d Agent signature required	when reinstating)		DATE			
TITLE NAME STANLEY, GERALD H JR. 7860 PROFESSIONAL PL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			Make Check Payable	to Flo	orida Departmer	nt of State					
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	NAME		☐ Delete	NAME		<u></u>			☐ Change	Addition	
	CITY-ST-ZIP	ortify that the information appelled with	this filing does not qualify for	CITY	-ST-ZIP	otion 110 07/	Wil Florida Statutos 14	urtho- oc-	ifu that tha !	nformation	-

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.

SIG	N.	ΔΤΙ	UR	ìE:

JRE:	GNARUS	REQUIRED	
SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING MANA	SING MEMBER, MANAGER, OR AUTHO	RIZED REPRESENTATIVE

Daytime Phone #