


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90352 044 ****50.00

DOCUMENT # L02000008799 1. Entity Name STLSP, LLC					
Principal Place of Business 100 SEASPRAY STREET DAYTONA BEACH, FL 32118			Mailing Address 100 SEASPRAY STREET DAYTONA BEACH, FL 32118		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02092004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 04-3668710				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GAREY, SEAN 100 SEASPRAY STREET DAYTONA BEACH, FL 32118			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 _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAREY, SEAN 100 SEASPRAY STREET DAYTONA BEACH, FL 32118	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER GAREY, SEAN 100 SEASPRAY ST. DAYTONA BEACH, FL 32118	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mary A. Lemley 1990 1st St O.B. Fla 32176	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER PETER K. KISICKI 106 12th St. Maitland, FL 32751-2702	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER STANLEY TEJEWY 100 SEASPRAY ST. DAYTONA BEACH, FL 32118	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Sean Garey</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			4/6/04 386-615-4980 Date Daytime Phone #		



Deposit Account Application

Wachovia Bank, National Association
f/k/a

First Union National Bank

SUBSTITUTE FORM W9 CERTIFICATION - Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct Taxpayer Identification Number (or that I am waiting for a number to be issued to me) and
 (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or
 (c) the IRS has notified me that I am no longer subject to backup withholding.
 (3) I am a U.S. person (including a U.S. resident alien).

CERTIFICATION INSTRUCTIONS - You must cross out item (2) above if you were notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

SIGNATURE CARD - The words I, me and my which also mean we, us and our, if more than one customer, mean the person(s) signing this agreement. It is agreed that First Union will recognize the signatures below in the payment of funds or in the transaction of other business for the account(s). I/We agree to the terms and conditions of the First Union Deposit Agreement for this account(s) and authorize First Union to establish my/our account(s). I/We hereby acknowledge receipt of a Deposit Agreement, schedule of fees and Rate Disclosure, if applicable.

☐ If checked, I/we request a First Union Banking Card for access to the indicated accounts. I/We agree to the terms and conditions of the First Union Card Agreement.

Refer to Right of Survivorship provisions for NC and VA accounts. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

☐ NEW ☐ SUPERSEDES ALL SIGNATURE CARDS ON FILE

The signatures subscribed below are the duly authorized and genuine signatures which you will recognize and honor in payment of funds or the transaction of other business relating to our account.

Signature: *Sean Carey* Date: *6/04/2002*
 Printed Name: *Sean Carey* Title: *Treasurer*
 Signature: _____ Date: _____
 Printed Name: _____ Title: _____

Signature: *Mary A. Tenney* Date: *6/4/2002*
 Printed Name: *Mary A. Tenney* Title: *Treasurer*
 Signature: _____ Date: _____
 Printed Name: _____ Title: _____

Printed Name: _____ Date: _____

Printed Name: _____ Date: _____

Signature: _____ Title: _____

Signature: _____ Title: _____

Printed Name: _____ Date: _____

Printed Name: _____ Date: _____

NEW DEPOSIT ACCOUNT APPLICATION
FIRST UNION NATIONAL BANKCOMPLETE THE APPROPRIATE W-8
FOREIGN CERTIFICATION FORM IF YOU ARE
CLAIMING FOREIGN EXEMPTION STATUS.

Org. Loc. Branch Visit No. Sold By Referred By

003 28 Product ID 20 032060402858 Account No. 055912

1

2

3 BUSINESS CHECKING 2000014308071

4

Name/Address

STLSP

100 SEA SPRAY RD.

Tax ID No.

of First Name

Date of Birth

DAYTONA BEACH FL 32118

PAYABLE ON DEATH (POD) ACCOUNT

(SIGNATURE REQUIRED FOR NC ACCOUNTS ONLY)

I understand that by establishing a trust account under the provisions of North Carolina General Statute 53-146.2 that:

- During my lifetime I may withdraw the money in the account; and
- By written direction to First Union I may change the beneficiary; and
- Upon my death the money remaining in the account will belong to the beneficiary and the money will not be inherited by my heirs or be controlled by my will.

I designate

(Print name of beneficiary) as beneficiary to receive the balance of my account at my death.

(SEAL)

(Signature of Account Owner)

POWER OF ATTORNEY (POA) ACCOUNT

(SIGNATURE REQUIRED FOR NC ACCOUNTS ONLY)

I understand that by establishing a personal agency account under the provisions of North Carolina General Statute 53-146.3 that the agent named in the account may:

- Sign checks drawn on the account; and
- Make deposits into the account.

I also understand that upon my death the money remaining in the account will be controlled by my will or inherited by my heirs.

I _____ (write in "do" or "do not") elect to have my agent continue to act in my behalf in regard to my account after my incapacity or mental incompetency in the future.

(Signature of Agent)

(Print Agent's Name)

(SEAL)

(Signature of Account Owner)

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RIGHT OF SURVIVORSHIP (NC ACCOUNTS ONLY)

We understand that by establishing a joint account under the provisions of:

☐ North Carolina General Statute 53-146.1 that:

- First Union may pay the money in the account to, or on the order of, any person named in the account unless we have agreed with the bank that withdrawals require more than one signature; and
- Upon the death of one joint owner the money remaining in the account will belong to the surviving joint owners and will not pass by inheritance to the heirs of the deceased joint owner or be controlled by the deceased joint owner's will.

We DO elect to create the Right of Survivorship in this account.

Signature _____

Signature _____

RIGHT OF SURVIVORSHIP (VA ACCOUNTS ONLY):

If you wish to establish a joint account under Virginia Law, please check one of the following and sign:

- ☐ JOINT ACCOUNT WITH SURVIVORSHIP - On the death of a party to the account, the deceased party's ownership in the account passes to the surviving party or parties to the account.
- ☐ JOINT ACCOUNT - NO SURVIVORSHIP - On the death of a party to the account, the deceased party's ownership in the account passes as a part of the party's estate under the party's will, trust, or by intestacy.

Signature _____

Signature _____

Attachment
24050260
#LW2000008794

WACHOVIA

Deposit Account Application

SUBSTITUTE FORM W-9 CERTIFICATION - Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct Taxpayer Identification Number (or that I am waiting for a number to be issued to me) and
- (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or
- (c) the IRS has notified me that I am no longer subject to backup withholding.
- (3) I am a U.S. person (including a U.S. resident alien).

CERTIFICATION INSTRUCTIONS - You must cross out item (2) above if you were notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

SIGNATURE CARD - The words I, me and my which also mean we, us and our, if more than one customer, mean the person(s) signing this agreement. It is agreed that Wachovia will recognize the signatures below in the payment of funds or in the transaction of other business for the account(s). I/We agree to the terms and conditions of the Wachovia Deposit Agreement for this account(s) and authorize Wachovia to establish my/our account(s). I/We hereby acknowledge receipt of a Deposit Agreement, schedule of fees and Rate Disclosure, if applicable.

☐ If checked, I/we request a Wachovia Banking Card for access to the indicated accounts. I/We agree to the terms and conditions of the Wachovia Card Agreement.

Refer to Right of Survivorship provisions for NC and VA accounts. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

☐ NEW ☐ SUPERSEDES ALL SIGNATURE CARDS ON FILE

The signatures subscribed below are the duly authorized and genuine signatures which you will recognize and honor in payment of funds or the transaction of other business relating to our account.

Signature	Title <u>President</u>	Signature _____	Title _____
Printed Name <u>Peter Lisicki</u>	Date <u>1/14/04</u>	Printed Name _____	Date _____
Signature	Title _____	Signature _____	Title _____
Printed Name <u>Mary A. Tenney</u>	Date _____	Printed Name _____	Date _____
Signature _____	Title _____	Signature _____	Title _____
Printed Name _____	Date _____	Printed Name _____	Date _____

COMPLETE THE APPROPRIATE W-8 FOREIGN CERTIFICATION FORM IF YOU ARE CLAIMING FOREIGN EXEMPTION STATUS.

Org. Loc. Branch Visit No. Sold By Referred By
003 00227

Product Type Account Number
1 Bsck 2000014308071
2
3
4

PAYABLE ON DEATH (POD) ACCOUNT

(SIGNATURE REQUIRED FOR NC ACCOUNTS ONLY)

I understand that by establishing a trust account under the provisions of North Carolina General Statute 53-146.2 that:

1. During my lifetime I may withdraw the money in the account; and
2. By written direction to Wachovia I may change the beneficiary; and
3. Upon my death the money remaining in the account will belong to the beneficiary and the money will not be inherited by my heirs or be controlled by my will.

I designate _____

(Print name of beneficiary) as beneficiary to receive the balance of my account at my death.

(SEAL)

(Signature of Account Owner)

Name/Address

STLSP
100 Sea Spray
Daytona Beach FL 32118

Tax ID No.

of First Name T 216313150

Date of Birth

6/11/02

POWER OF ATTORNEY (POA) ACCOUNT

(SIGNATURE REQUIRED FOR NC ACCOUNTS ONLY)

I understand that by establishing a personal agency account under the provisions of North Carolina General Statute 53-146.3 that the agent named in the account may:

1. Sign checks drawn on the account; and
2. Make deposits into the account.

I also understand that upon my death the money remaining in the account will be controlled by my will or inherited by my heirs.

I _____ (write in "do" or "do not") elect to have my agent continue to act in my behalf in regard to my account after my incapacity or mental incompetency in the future.

(Signature of Agent)

(Print Agents Name)

(SEAL)

(Signature of Account Owner)

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RIGHT OF SURVIVORSHIP (ONLY NC ACCOUNTS):

We understand that by establishing a joint account under the provisions of:

☐ North Carolina General Statute 53-148.1 that:

1. Wachovia may pay the money in the account to, or on the order of, any person named in the account unless we have agreed with the bank that withdrawals require more than one signature; and
2. Upon the death of one joint owner the money remaining in the account will belong to the surviving joint owners and will not pass by inheritance to the heirs of the deceased joint owner or be controlled by the deceased joint owner's will.

We DO elect to create the Right of Survivorship in this account.

Signature _____

Signature _____

RIGHT OF SURVIVORSHIP (ONLY VA ACCOUNTS):

If you wish to establish a joint account under Virginia Law, please check one of the following and sign:

- ☐ JOINT ACCOUNT WITH SURVIVORSHIP - On the death of a party to the account, the deceased party's ownership in the account passes to the surviving party or parties to the account.
- ☐ JOINT ACCOUNT - NO SURVIVORSHIP - On the death of a party to the account, the deceased party's ownership in the account passes as a part of the party's estate under the party's will, trust, or by intestacy.

Signature _____

Signature _____