

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90043 048 \*\*\*\*50.00

**DOCUMENT # L02000015621**

1. Entity Name  
**STUART RIVER DISTRIBUTION CENTER, LLC**



Principal Place of Business  
**763 ALTERNATE HIGHWAY A1A  
JUPITER, FL 33458**

Mailing Address  
**763 ALTERNATE HIGHWAY A1A  
JUPITER, FL 33458**



2. Principal Place of Business

3. Mailing Address

**7938 SW JACK JAMES DR.**

**7938 SW JACK JAMES DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042006 Chg-LLC CR2E083 (11/05)

City & State  
**STUART, FL**

City & State  
**STUART, FL**

4. FEI Number  
**71-0896167**

Applied For  
Not Applicable

Zip  
**34997**

Country  
**U.S.A**

Zip  
**34997**

Country  
**U.S.A**

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TASSELL, DAVID C  
941 NORTH HIGHWAY A1A  
JUPITER, FL 33477**

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
VIENS, LARRY P  
763 ALTERNATE HIGHWAY A1A  
JUPITER, FL 33458** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
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CITY - ST - ZIP ☐ Delete

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #