


2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR) **10200018842**

1062

0024999 FP

DOCUMENT # L02000018842

1. Entity Name
EARL STEWART LLC



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

03 OCT 17 AM 8:45

Principal Place of Business
 1215 NORTH FEDERAL HIGHWAY
 LAKE PARK FL 33403

Mailing Address
 1215 NORTH FEDERAL HIGHWAY
 LAKE PARK FL 33403



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

Zip Country

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WALK, GARY
515 N-FLAGLER DRIVE #1800
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name **LES WEISMAN CPA**

Street Address (P.O. Box Number is Not Acceptable)
1215 NO FEDERAL Hwy

City **LAKE PARK** FL Zip Code **33403**

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 See Attached DATE _____

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

\$0.00 FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Florida Department of State
 Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MANAGING MEMBER EARL J. STEWART 900 OCEAN DR. #401 SUNO BEACH, FL. 33408 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | | |
|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 100023509721 10/02/03--01033--003 **150.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 100023509721 10/02/03--01033--004 **5.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | REINSTATEMENT | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: See Attached **SIGNATURE REQUIRED** Date 09/30/03 Daytime Phone # 561-844-3461

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

0001168150000

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STEWART TOYOTA

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October 15, 2003

**I, Les Weissman accept the position of Registered Agent for
Earl Stewart, LLC.**

Les Weissman, CPA