



**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000019976 1. Entity Name STUART INTERCHANGE, LLC	
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Principal Place of Business 917 CENTRAL PARKWAY STUART, FL 34994	Mailing Address 917 CENTRAL PARKWAY STUART, FL 34994
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DO NOT WRITE IN THIS SPACE



07202004No Chg-LLC CR2E083 (10/03)

4. FEI Number 75-3075409	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

**WHITE, JOHN II
1845 PALM BEACH LAKES BLVD., SUITE 1200
WEST PALM BEACH, FL 33401**

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
Due by September 8, 2004**

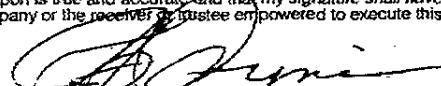
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRINCE, JOEL 917 CENTRAL PARKWAY STUART, FL 34994
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07/23/04-80001-012 50.00

**DO NOT WRITE
IN THIS SPACE**

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:  **7-20-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____