2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Jan 29, 2004 08:00 AM DOCUMENT # L02000031336 **Secretary of State** 1. Entity Name STEVENS HOLDINGS, LLC Mailing Address Principal Place of Business 910 SOUTH VOLUSIA AVENUE ORANGE CITY FL 32763 910 SOUTH VOLUSIA AVENUE ORANGE CITY FL 32763 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) Applied For City & State 4. FEI Number City & State NO-T APPLICABLE Not Applicable \$5.00 Additional Zip Country Zω Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BALL, JOHN S Street Address (P.O. Box Number is Not Acceptable) ONE INDEPENDENT DRIVE, SUITE 2600 JACKSONVILLE FL 32202 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, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when remistating) LATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Change ☐ Addition TITLE TITLE MGRM ☐ Delete NAME STEVENS, JAMES W NAME STREET ADDRESS STREET ADDRESS 910 B S VOLUSIA AVE U000008020281 CITY-ST-ZIP CITY-ST-ZIP **ORANGE CITY FL 32763** ☐ Addition ☐ Delete TITLE Tille MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE MANE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TETLE Change | ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

SIGNATURE: W. J. J. 22-04 386-775-7900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE Date DayLing Phone #