

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000033052	
1. Entity Name STAMPEDE LLC	

Principal Place of Business 142 PINE HILL TRAIL WEST TEQUESTA FL 33469	Mailing Address 142 PINE HILL TRAIL WEST TEQUESTA FL 33469
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/05)

4. FEI Number 86-1081864	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent RIPMA, GORDON 142 PINE HILL TRAIL WEST TEQUESTA FL 33469
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7. Name and Address of New Registered Agent	
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.

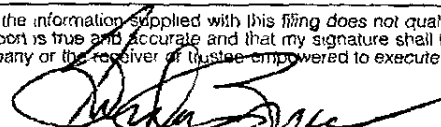
SIGNATURE _____ (NOTE: Registered Agent signature required when recertifying) _____ **DATE** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006.

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RIPMA, GORDON 142 PINE HILL TRAIL WEST TEQUESTA FL 33469 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RIPMA, MARIAH E 142 PINE HILL TRAIL WEST TEQUESTA FL 33469 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RIPMA, JERILEE 142 PINE HILL TRAIL WEST TEQUESTA FL 33469 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RIPMA, MONIQUE 142 PINE HILL TRAIL WEST TEQUESTA FL 33469 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RIPMA, GORDON JR 142 PINE HILL TRAIL WEST TEQUESTA FL 33469 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
U00000490131 04/18/06-80043-014 50.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 Section 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:  **3/31/06 561 74403 01**