


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000035107**

1. Entity Name  
**STICAR, LLC**



Principal Place of Business <b>300 SE 2ND STREET          8TH FLOOR          FORT LAUDERDALE, FL 33301</b>	Mailing Address <b>300 SE 2ND STREET          8TH FLOOR          FORT LAUDERDALE, FL 33301</b>
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**DO NOT WRITE IN THIS SPACE**



01032005No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>82-0584454</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SMITH, DENNIS D ESQ  
 C/O TRIPP SCOTT, P.A.  
 110 SE 6TH STREET, 15TH FL  
 FORT LAUDERDALE, FL 33301**

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

**Filing Fee is \$50.00  
 Due by May 1, 2005**

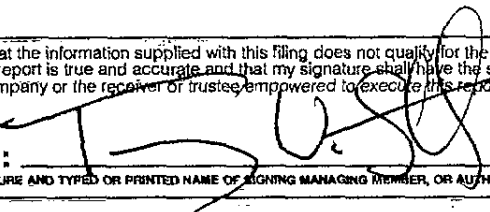
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM STILES, TERRY W 300 SE 2ND STREET FORT LAUDERDALE, FL 33301</b>
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 04/07/05-80083-017 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **Terry W. Stiles** **1/17/05** **954-627-9300**

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