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FILED Aug 06, 2008 8:00 am Secretary of State

08-06-2008 90030 003 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000000378 1. Entity Name STEPHENSON/MOREAU, L.L.C.								
Principal Plac	ze of Business	Mailing Address	1	_		50009079		
Principal Place of Business 4781 CHANDLERS FORDE SARASOTA, FL 34235 Mailing Address 4781 CHANDLERS FORDE SARASOTA, FL 34235 SARASOTA, FL 34235			DE				1 12 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Principal Place of Business - No P.O. Box # 3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07282008	Chg-LLC	CR2E083 (12/0	5)	
City & State		City & State		4. FEI Numb 42-156		<u>}</u>	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$5.00	dditional	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New	Registered Agent		
			Name	· · · · · · · · · · · · · · · · · · ·				
MOREAU, PHYLLIS S 4781 CHANDLERS FORDE SARASOTA, FL 34235			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
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			City	FL Zip Code				
8. The above the obligat	named entity submits this statement for tions of registered agent.	r the purpose of changing its r	egistered office or regis	stered agent, or bo	th, in the State of	Florida. I am tamiliar wit	h, and accept	
SIGNATURE								
:#A	Signature, typed or printed mane of impassed a pent	and sie describentale (NCTE	Перынес Аувптырписть гед	ure-I when remstating)		DYTE		
FILE NOW!!! FEE IS \$138.75 Die by September 12, 2008								
Due	ENOW!!! FEE IS \$138,75 by September 12, 2008	In accordance with s.				ake check payable to ida Department of St		
FILI Due	ENOW!!! FEE IS \$138.75 by September 12, 2008 MANAGING MEMBE	liability company did			Flori			
9.	by September 12, 2008 MANAGING MEMBE MGR	liability company did	not receive the prior		Flori	ida Department of St	ate	
9. THE	MANAGING MEMBE MGR MOREAU, PHYLLIS S	liability company did	10. ITLE NAME		Flori	ida Department of St	ate	
9. THE NAME STREET ADDRESS	MANAGING MEMBE MGR MOREAU, PHYLLIS S 4781 CHANDLERS FORDE	liability company did	10. TITLE NAME STRELL ADDRESS		Flori	ida Department of St	ate	
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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.

Moranie