2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 29, 2005 8:00 am Secretary of State

	ANNUAL	REPORT			Secret	ary of S	tate
DOCUMENT # L0300008584 1. Entity Name STOCK COMMUNITY SERVICES, LLC					04-29-2005	5 90065 018 ****	50.00
Principal Place of Business 4501 TAMIAMI TR SUITE 300 NAPLES, FL 34103		Mailing Address 4501 TAMIAMI TR SUITE 300 NAPLES, FL 34103			14011	833 	
450/ Tamiami Trail North Sylle, Apt. #, etc.		Suno, Apt, #, etc.		04192005	 	CR2E083 (10/03)	
City & State		City & State		4. FEI Numb		1	pplied For ot Applicable
Zip 1 3410		34/03	Country USA		e of Status Desired	\$5.00 Ad	ditional
	6. Name and Address of Current F	tegistered Agent		7. Name an	d Address of New F	Registered Agent	
COLEMAN, KEVIN G							
4001 TAMIAMI TRAIL NORTH, SUITE 300 NAPLES, FL 34103				Street Address (P.O. Box Number is Not Acceptable)			
			City			FL Zip Coo	je
8 The above	a named entity submits this statement for	the nurnose of changing its r	ogistared office or	registered agent or b	oth is the State of Ele	<u>:</u>	
	tions of registered agent.	the purpose of chariging its fi	egistered diffice of	registered agent, or bi	our, an the otate of Fit	onua. Tamtamiliai wiin	, and accept
SIGNATURE							
Oldivatoric	Signature, typed or printed name of registered agent ar	d title if applicable. (NOTE:	Registered Agent signatu	re required when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2005					Make check payable to Florida Department of State		
9.	MANAGING MEMBER	I IS/MANAGERS	10.		ADDITIONS.	/CHANGES	
TITLE NAME	MGR STOCK, BRIAN K	☐ Delete	TITLE NAME	MGR Bug		P north. Sun	Addition 300
STREET ADDRESS CITY-ST-ZIP	5692 STRAND COURT, SUITE 1 NAPLES, FL 34110		STREET ADDRESS CITY-ST-ZIP	5 1 0 Z	1 24/103	•	
TITLE NAME STREET ADDRESS	D STOCK, KENNETH C 4501 TAMIAMI TR., SUITE 300	Delete	TITLE NAME STREET ADDRESS	Maples, J		☐ Change	Addition
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP	D STOCK, BRIAN K 4501 TAMIAMI TR., SUITE 300 NAPLES, FL 34103	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE	D	Delete	TITLE	<u> </u>	. ,	Change	Addition
NAME STREET ADDRESS	BLACK, BRAD 4501 TAMIAMI TR., SUITE 300	000cc	NAME STREET ADDRESS	Black. B	ani Tai	O horth. Su	te 300
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP	nables 7	L 34103		
TITLE		☐ Delete	TITLE	1 1		☐ Change	Addition
NAME CIDEET ADDRESS			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADORESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition

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 flability company or the receiver or trustee impowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND PPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OF AUTHORIZED REPRESENTATIVE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.20.05

239 592 7344

Date

Daytime Phone #