


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90231 038 ****50.00

DOCUMENT # L03000010112

1. Entity Name
STASIS, L.L.C.



Principal Place of Business Mailing Address
C/O 12855 SANCTUARY COVE DR. #2123 **C/O 12855 SANCTUARY COVE DR. #2123**
TEMPLE TERRACE FL 33637 **TEMPLE TERRACE FL 33637**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



MOORE CR2E083 (11/03)

4. FEI Number **13-4232706** Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
BAXLEY, MILTON H II
C/O 1929 N.W. 12TH TERR.
GAINESVILLE FL 32609

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Managing Member</i> <i>Sean Donovan</i> <i>C/O 12855 Sanctuary Cove Drive #2123</i> <i>Temple Terrace FL 33637</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MGRM</i> <i>SEAN DONOVAN</i> <i>C/O 12855 SANCTUARY COVE DR. #2123</i> <i>TEMPLE TERRACE, FLORIDA 33637</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: *Sean Donovan* **01/29/04** **813 977 4571**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #