


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90013 014 \*\*\*\*50.00

<b>DOCUMENT # L03000012171</b>	
1. Entity Name <b>STALLINGS FAMILY LLC</b>	

Principal Place of Business <b>421 SEAGULL AVENUE C/O MARJORIE J. JODER NAPLES FL 34108</b>	Mailing Address <b>421 SEAGULL AVENUE C/O MARJORIE J. JODER NAPLES FL 34108</b>
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MOORE CR2E083 (11/03)

2. Principal Place of Business <b>106 CARLYLE DRIVE</b> Suite, Apt. #, etc.	3. Mailing Address <b>c/o JODER CONSULTING</b> Suite, Apt. #, etc. <b>PO Box 770789</b>
City & State <b>PALM HARBOR, FL</b>	City & State <b>NAPLES FL</b>
Zip <b>34683-1805</b> Country <b>USA</b>	Zip <b>34107-0789</b> Country <b>USA</b>

4. FEI Number <b>SOLE PROPRIETOR</b> <b>261-68-3538</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>JODER, MARJORIE J 421 SEAGULL AVENUE NAPLES FL 34108</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

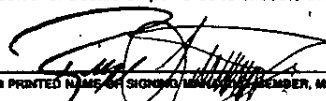
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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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

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:**  **ROYCE O. STALLINGS** 5/04/04 239-513-9400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #