

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000025340

1. Entity Name
STEPELTON GROVES, LLC



Principal Place of Business
**5110 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33308**

Mailing Address
**5110 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33308**



03112005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NILES, CHRISTOPHER D ESQ.
2601 EAST OAKLAND PARK BLVD.
SUITE 400
FORT LAUDERDALE, FL 33306**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STEPELTON AND STACY FAMILY LIMITED PARTNER 5110 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308
----------------------------------------------------	--------------------------------------------------------------------------------------------------------------

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
----------------------------------------------------	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
----------------------------------------------------	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
----------------------------------------------------	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
----------------------------------------------------	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
----------------------------------------------------	--

U00000269766
03/19/05-80023-019 50.00

**DO NOT WRITE
IN THIS SPACE**

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: Brett Stepelton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Brett Stepelton 3/15/05 954-776-3386