


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90178 002 ****55.00

DOCUMENT # L03000025703	
1. Entity Name STUART INVEST, L.L.C.	

Principal Place of Business C/O INT'L CONSULTANTS & REALTY, INC 333 SOUTHERN BLVD. STE. 400 WEST PALM BEACH FL 33405	Mailing Address C/O INT'L CONSULTANTS & REALTY, INC 333 SOUTHERN BLVD. STE. 400 WEST PALM BEACH FL 33405
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1st MOORE CR2E083 (10/04)

4. FEI Number 54-2117253	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent WILDE, RENATE C/O INTERNATIONAL CONSULTANTS & REALTY, INC 333 SOUTHERN BOULEVARD STE. 400 WEST PALM BEACH FL 33405	
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7. Name and Address of New Registered Agent Name DR. H. PFERDEKREMPER, TRUSTEE Street Address (P.O. Box Number is Not Acceptable) 3037 BUCK RIDGE TRAIL City LOXAHATCHEE FL Zip Code 33470	
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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 <u><i>[Signature]</i></u> (PFERDEKREMPER) DATE <u>02-09-05</u>	
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<p align="center">FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005</p>	
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HANNOVER CORPORATION 333 SOUTHERN BOULEVARD STE. 400 WEST PALM BEACH FL 33405 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HANNOVER CORPORATION 3037 BUCK RIDGE TRAIL LOXAHATCHEE, FL 33470 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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.	
<p align="center">HANNOVER CORPORATION</p> <p align="center">by <i>[Signature]</i> PMS, (PFERDEKREMPER) 02/09/05</p>	
SIGNATURE	DATE