

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000028878

FILED  
May 01, 2008  
Secretary of State

Entity Name: STELAN REIT, LLC

**Current Principal Place of Business:**

1820 N. CORPORATE LAKES BLVD.  
SUITE 205  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

15644 SW 53 COURT  
MIRAMAR, FL 33027

**New Mailing Address:**

FEI Number: 57-1181133      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

PADRON, IVAN  
15644 SW 53 COURT  
MIRAMAR, FL 33027      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: PADRON, IVAN  
Address: 15644 SW 53 COURT  
City-St-Zip: MIRAMAR, FL 33027

Title: MGRM      ( ) Delete  
Name: JORDAN, LUISA  
Address: 15644 SW 53 COURT  
City-St-Zip: PEMBROKE PINES, FL 33029

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: IVAN G PADRON

MGRM

05/01/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date