

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037173

Entity Name: 1 STOP REALTY LTD. CO.

FILED  
Jul 02, 2006  
Secretary of State

## Current Principal Place of Business:

510 HARBOR GROVES  
SAFETY HARBOR, FL 34695

## New Principal Place of Business:

970 GILFORD ST.  
OLDSMAR, FL 34677

## Current Mailing Address:

510 HARBOR GROVES  
SAFETY HARBOR, FL 34695

## New Mailing Address:

970 GILFORD ST  
OLDSMAR, FL 34677

FEI Number: 20-2606786      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:

MCKIRDY, HALFORD J  
510 HARBOR GROVES  
SAFETY HARBOR, FL 34695      US

## Name and Address of New Registered Agent:

MCKIRDY, HALFORD J  
970 GILFORD ST.  
OLDSMAR, FL 34677      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: HALFORD J MCKIRDY

07/02/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: MCKIRDY, HALFORD J MR  
Address: 510 HARBOR GROVE CIRCLE  
City-St-Zip: SAFETY HARBOR, FL 34695

## ADDITIONS/CHANGES:

Title: MGR      (X) Change      ( ) Addition  
Name: MCKIRDY, HALFORD J MR  
Address: 970 GILFORD ST.  
City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the 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: HALFORD J MCKIRDY

MGR

07/02/2006

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