FILED
May 03, 2005 08:00 AM
Secretary of State

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000045343

1. Entity Name
STEWART INSTALLATIONS, LLC

Principal Place of Business	Mailing Address
14161 TIKI LANE JACKSONVILLE, FL 32226	14161 TIKI LANE JACKSONVILLE, FL 32226

DO NOT WRITE IN THIS SPACE

04302005No Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0419040
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BRYAN C. GOODE III, P.A.
333 FIRST ST. NORTH, STE. 305
JACKSONVILLE BEACH, FL 32250

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MCCRARY, DOLORES
STREET ADDRESS	14161 TIKI LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32226
TITLE	MGRM
NAME	STEWART, JAMES
STREET ADDRESS	14161 TIKI LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32226
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Dolores McCrary 4/29/05 904-757-2059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #