



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90346 046 ****50.00

DOCUMENT # L03000047625			
1. Entity Name CHARLES E. STANKARD, LLC			
Principal Place of Business 1555 KINGSLEY AVENUE SUITE 504 ORANGE PARK, FL 32073 US		Mailing Address 1555 KINGSLEY AVENUE SUITE 504 ORANGE PARK, FL 32073 US	
2. Principal Place of Business		3. Mailing Address <i>1555 Kingsley Ave</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Suite 503</i>	
City & State		City & State <i>Orange Park</i>	
Zip	Country	Zip	Country
		<i>32073</i>	<i>FL</i>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STANKARD, CHARLES E 1555 KINGSLEY AVENUE SUITE 504 ORANGE PARK, FL 32073		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANKARD, CHARLES E	NAME	
STREET ADDRESS	1555 KINGSLEY AVENUE, SUITE 504	STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK, FL 32073	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANKARD, HEATHER	NAME	
STREET ADDRESS	1555 KINGSLEY AVENUE, SUITE 504	STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK, FL 32073	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		Date: <i>3/19/05</i>	Daytime Phone #: <i>904-278-5088</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	<small>Daytime Phone #</small>