

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Feb 05, 2007  
Secretary of State**

DOCUMENT# L03000047625

Entity Name: CHARLES E. STANKARD, LLC

**Current Principal Place of Business:**

1555 KINGSLEY AVENUE  
SUITE 504  
ORANGE PARK, FL 32073 US

**New Principal Place of Business:**

**Current Mailing Address:**

1555 KINGSLEY AVENUE  
SUITE 503  
ORANGE PARK, FL 32073 US

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

STANKARD, CHARLES E  
1555 KINGSLEY AVENUE  
SUITE 504  
ORANGE PARK, FL 32073 US

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

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: STANKARD, CHARLES E  
Address: 1555 KINGSLEY AVENUE, SUITE 504  
City-St-Zip: ORANGE PARK, FL 32073 US

Title: MGRM ( ) Delete  
Name: STANKARD, HEATHER  
Address: 1555 KINGSLEY AVENUE, SUITE 504  
City-St-Zip: ORANGE PARK, FL 32073 US

**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 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: JANET M. CROWDER

OM

02/05/2007

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