

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000047933

Entity Name: STAMAR ASSOCIATES LLC

FILED  
Apr 23, 2008  
Secretary of State

## Current Principal Place of Business:

3229 FLAGLER AVE  
107  
KEY WEST, FL 33040 US

## New Principal Place of Business:

## Current Mailing Address:

3229 FLAGLER AVE  
107  
KEY WEST, FL 33040 US

## New Mailing Address:

FEI Number: 56-2421547

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARSTON, JOHN ESQ.  
345 S. POINT DR.  
SUMMERLAND, FL 33042 US

## Name and Address of New Registered Agent:

MARSTON, JOHN ESQ.  
517 DUVAL ST. #205  
KEY WEST, FL 33040 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: JOHN MARSTON

04/23/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete  
Name: BECHTEL, STACEY  
Address: 3229 FLAGLER AVE  
City-St-Zip: KEY WEST, FL 33040

Title: ST ( ) Delete  
Name: MARSTON, JOHN  
Address: 345 S POINT DR  
City-St-Zip: SUMMERLAND KEY, FL 33042

## ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition  
Name: BECHTEL, STACEY  
Address: 3229 FLAGLER AVE 107  
City-St-Zip: KEY WEST, FL 33040

Title: ST (X) Change ( ) Addition  
Name: MARSTON, JOHN  
Address: 517 DUVAL ST #205  
City-St-Zip: KEY WEST, FL 33040

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: STACEY BECHTEL

P

04/23/2008

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