

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000050489

1. Entity Name
STEPHEN P. CONWAY, LLC



Principal Place of Business

**4 OAK HILL WAY
STUART, FL 34996**

Mailing Address

**4 OAK HILL WAY
STUART, FL 34996**



01142005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0506366

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CONWAY, STEPHEN P
4 OAK HILL WAY
STUART, FL 34996**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

Stephen P. Conway **2-16-05**
(NOTE: Registered Agent signature required when resigning) DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CONWAY, STEPHEN P
4 OAK HILL WAY
STUART, FL 34996**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

UD00000238910
02/22/05-80020-007 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

Stephen P. Conway **STEPHEN P. CONWAY**

Date

Daytime Phone #

2-16-05 **772**
220 0214