

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000051856

1. Entity Name

**STEPHEN WHEATON PROPERTY & CONSTRUCTION
SERVICES, LLC.**



Principal Place of Business

**3201 TYRONE BOULEVARD NORTH
SAINT PETERSBURG FL 33710**

Mailing Address

**3201 TYRONE BOULEVARD NORTH
SAINT PETERSBURG FL 33710**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

54-2136395

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WHEATON, STEPHEN
3201 TYRONE BOULEVARD NORTH
SAINT PETERSBURG FL 33710**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when installing)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM
NAME: WHEATON, STEPHEN
STREET ADDRESS: 3201 TYRONE BOULEVARD NORTH
CITY ST ZIP: SAINT PETERSBURG FL 33710

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10. ADDITIONS/CHANGES

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CITY ST ZIP:

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U000000617172
02/07/07-80063-021 55.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-26-07

Date

Daytime Phone #