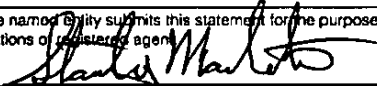
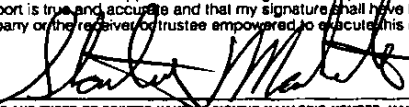


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/10/2007-90105-006-\$50.00-\$50.00

07 OCT 16 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000051878			
1. Entity Name STANLEY MARKEVITCH, LLC			
Principal Place of Business 3344 WILTSHIRE DR HOLIDAY, FL 34691		Mailing Address 3344 WILTSHIRE DR HOLIDAY, FL 34691	
2. Principal Place of Business - No P.O. Box # 3344 WILTSHIRE DR		3. Mailing Address WILTSHIRE PR	
Suite, Apt. #, etc. Home		Suite, Apt. #, etc. House	
City & State FL		City & State FL	
Zip 34691	Country Holiday	Zip 34691	Country Holiday
- 6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MARKEVITCH, STANLEY 3344 WILTSHIRE DR. HOLIDAY, FL 34691		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 fee if applicable. (NOTE: Registered Agent signature required when reappointing) DATE			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARKEVITCH, STANLEY 3344 WILTSHIRE DR. HOLIDAY, FL 34691 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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		Date 10-5-07 (727) 3894965 Daytime Phone #	

REINSTATEMENT