2607 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L03000054447

1. Entity Name STADIUM PLACE, L.L.C.



Principal Place of Business

PO-BOX 20438- 1311 Jackson Blyff, W TALLAHASSEE, FL 323+6-64

PO BOX 20438

TALLAHASSEE, FL 32316

FILED 07 APR 26 AM 8: 34 SECRETARY OF STATE TALLAHASSEE. FLORIDA



04102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 38-3694851

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MANAUSA, DANIEL E 3520 THOMASVILLE RD 4TH FLOOR TALLAHASSEE, FL 32308

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8.	The above named entity submits this statement for the purpose of changing its registered	ed 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 reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	KASPER, JOSH	
STREET ADDRESS	PO BOX 20438	
CITY-ST-ZIP	TALLAHASSEE, FL 32316	
TITLE	MGRM	
NAME	KASPER, ROB	
STREET ADDRESS	PO BOX 20438	
CITY-ST-ZIP	TALLAHASSEE, FL 32316	
TITLE	MGRM	
NAME	KASPER, ADAM	
STREET ADDRESS	PO BOX 20438	
CITY-ST-ZIP	TALLAHASSEE, FL 32316	
TITLE		
NAME		
STREET ADDRESS		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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 proposered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

GNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE