2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

CITY-ST-7IP

Apr 12, 2007 08:00 AM Secretary of State DOCUMENT # L03000055338 1. Entity Name STUPER LLC Principal Place of Business Mailing Address 8015 LOS ALAMOS HUDSON FL 34668 US 8015 LOS ALAMOS HUDSON FL 34668 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suito, Apt #, etc. 1st MOORE CR2E083 (10/06) Applied For City & State City & State 4. FEI Number 80-0091872 Not Applicable Country Zip Country \$5.00 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STUPER, JOHN Street Address (P.O. Box Number is Not Acceptable) 8015 LOS ALAMOS HUDSON FL 34668 Zip Code City FL 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 again and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. U00000702439 Addition DIU. Delete MGR NAME NAME STUPER, JOHN 04/20/07-80099-012 50.00 STREET ADDRESS 8015 LOS ALAMOS DR. STREET ADDRESS CHY-ST-7/P CITY - ST-71P HUDSON FL 34668 ☐ Addition ☐ Change ☐ Delete THIE NAME NAME: STREET ADDRESS STRUCT ADDRESS CHY-ST-ZIP CHY-SI-ZIP Addition ☐ Change Delete MCE THIL NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CHY-ST-7(P □ Change ■ Addition Delete IIII NAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CHY-ST-ZIP ☐ Change ■ Addition TOTE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

CHY-S1-ZIP I hereby certify that the information supplied with this filling 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 logal offect 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.

FILED