


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90036 035 \*\*\*\*50.00

<b>DOCUMENT # L04000001694</b>	
1. Entity Name <b>COURSON &amp; STAM LLC</b>	

Principal Place of Business <b>2398 SADLER ROAD FERNANDINA BEACH, FL 32034 US</b>	Mailing Address <b>1891 SOUTH 8TH STREET FERNANDINA BEACH, FL 32034 US</b>
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2. Principal Place of Business	3. Mailing Address <b>2398 SADLER ROAD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <b>FERNANDINA BEACH, FL</b>
Zip	Country <b>32034 NASSAU</b>

02132005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent <b>LAPORTE, PIERRE 1891 SOUTH 8TH STREET FERNANDINA BEACH, FL 32034</b>	
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4. FEI Number <b>20-0564121</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
7. Name and Address of New Registered Agent	
Name <b>LAPORTE, PIERRE</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>483 STARBUARD LANDING</b>	
City <b>FERNANDINA BEACH</b>	FL Zip Code <b>32034</b>

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 reinstating)

DATE

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAPORTE, PIERRE 1891 SOUTH 8TH STREET FERNANDINA, FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAPORTE, PIERRE 2398 SADLER ROAD FERNANDINA BEACH, FL 32034 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

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

Date

Daytime Phone #

4/18/05

904 241 7803