


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

|  |  |   |
|--|--|---|
| <b>DOCUMENT # L04000013734</b>         |  |  |
| 1. Entity Name<br><b>STOTTLER, LLC</b> |  |   |

**FILED**

**06 APR -7 PM 2:03**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



03152006 Chg-LLC CR2E083 (11/05)

|   |         |   |         |
|---|---------|---|---------|
| Principal Place of Business<br>104 SOUTH HARBOR CITY BLVD.<br>MELBOURNE, FL 32901 |         | Mailing Address<br>P.O. BOX 536<br>MELBOURNE, FL 32902-0536               |         |
| 2. Principal Place of Business  |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.   |         |
| City & State  |         | City & State  |         |
| Zip   | Country | Zip   | Country |
| 4. FEI Number<br><b>APPLIED FOR</b>   |         | Applied For<br><input type="checkbox"/> Not Applicable                    |         |
| 5. Certificate of Status Desired  |         | <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |         |

|  |  |  |          |
|--|--|--|----------|
| 6. Name and Address of Current Registered Agent                        |  | 7. Name and Address of New Registered Agent        |          |
| GILLILAND, JOY J<br>104 SOUTH HARBOR CITY BLVD.<br>MELBOURNE, FL 32901 |  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

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

| 9. MANAGING MEMBERS/MANAGERS                   |  |                                 | 10. ADDITIONS/CHANGES                          |   |   |
|--|--|---------------------------------|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>STOTTLER, RICHARD<br>8680 N ATLANTIC AVENUE<br>CAPE CANAVERAL, FL 32920 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 500073990795<br>05/04/06--01020--028 **283.75 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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 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:** Richard H Stottler, Pres. 4/4/06 321-783-1320  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #