

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000013993

Entity Name: STEEVE SQUARED, L.L.C.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

15051 PUNTA RASSA RD
FORT MYERS, FL 33908

New Principal Place of Business:

2070 ANDREA LANE
2
FORT MYERS, FL 33912

Current Mailing Address:

15051 PUNTA RASSA RD
FORT MYERS, FL 33908

New Mailing Address:

2070 ANDREA LANE
1
FORT MYERS, FL 33912

FEI Number: 05-0598766

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICHOLS, JAMES L ESQ.
8191 COLLEGE PARKWAY, #204
FT. MYERS, FL 33919 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KNIGHT, STEVEN
Address: 15051 PUNTA RASSA RD
City-St-Zip: FORT MYERS, FL 33908

Title: MGRM () Delete
Name: PAGE, STEPHEN
Address: 15051 PUNTA RASSA RD
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PAGE, JAMAISA A
Address: 2070 ANDREA LANE SUITE 2
City-St-Zip: FORT MYERS, FL 33912 US

Title: MGRM (X) Change () Addition
Name: PAGE, STEPHEN
Address: 12730 NEW BRITTANY BLVD. SUITE 303
City-St-Zip: FORT MYERS, FL 33907 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMAISA PAGE

MGR

04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date