
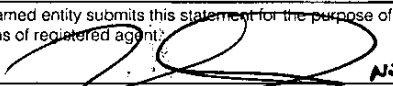
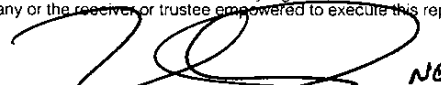


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90019 040 \*\*\*\*50.00

<b>DOCUMENT # L04000027994</b> 1. Entity Name <b>322 STUART LLC</b>					
Principal Place of Business <b>621 SE CENTRAL PARKWAY STUART, FL 34994</b>			Mailing Address <b>621 SE CENTRAL PARKWAY STUART, FL 34994</b>		
2. Principal Place of Business <b>3555 Northlake Blvd</b>		3. Mailing Address <b>3555 Northlake Blvd</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Palm Beach Gardens FL</b>		City & State <b>Palm Beach Gardens FL</b>		4. FEI Number <b>84-1645517</b>	
Zip <b>33403</b>		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>KELLY, GEORGE T IV 621 SE CENTRAL PARKWAY STUART, FL 34994</b>			7. Name and Address of New Registered Agent Name <b>Gaeta, Neil J</b> Street Address (P.O. Box Number is Not Acceptable) <b>3555 Northlake Blvd</b> City <b>Palm Beach Gardens FL</b> Zip Code <b>33403</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  <b>NEIL J. Gaeta as Mgr.</b> <span style="float: right;">3/31/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KELLY, GEORGE T IV 621 SE CENTRAL PARKWAY STUART, FL 34994	<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	MGR GAETA, NEIL J 3555 NORTHLAKE BOULEVARD PALM BEACH GARDENS, FL 33403	<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:  <b>NEIL J. Gaeta as Managing Member</b> <span style="float: right;">3/15/05 561-627-1900</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					