


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90038 008 \*\*\*\*50.00

<b>DOCUMENT # L04000027994</b>	
1. Entity Name <b>322 STUART LLC</b>	

Principal Place of Business <b>3555 NORTHLAKE BLVD WEST PALM BEACH, FL 33403</b>	Mailing Address <b>3555 NORTHLAKE BLVD WEST PALM BEACH, FL 33403</b>
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**20039419**

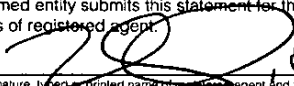


2. Principal Place of Business <b>5220 Hood Road</b>	3. Mailing Address <b>5220 Hood Road</b>
Suite, Apt. #, etc. <b>Suite 100</b>	Suite, Apt. #, etc. <b>Suite 100</b>
City & State <b>Palm Beach Gardens, FL</b>	City & State <b>Palm Beach Gardens, FL</b>
Zip <b>33418</b>	Country

04042006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>84-1645517</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>GAETA, NEIL J 3555 NORTHLAKE BLVD WEST PALM BEACH, FL 33403</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>5220 Hood Road, Suite 100</b> City <b>Palm Beach Gardens</b> <b>FL</b> Zip Code <b>33418</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  Managing Member DATE 4/4/06


Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1935 Commerce Lane, Suite 5 Jupiter, FL 33458
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5220 Hood Road, Suite 100 Palm Beach Gardens, FL 33418
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 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:  Managing Member DATE 4/4/06 DAYTIME PHONE # (561) 627-1900

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