

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90023 011 ****50.00

DOCUMENT # L04000037982

1. Entity Name
STILLWATER HOLDING COMPANY, LLC



Principal Place of Business
**504 N. HARBOR CITY BLVD.
MELBOURNE, FL 32935**

Mailing Address
**504 N. HARBOR CITY BLVD.
MELBOURNE, FL 32935**

20000186



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

20-1361975

Applied For

Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ENGLE, DOUGLAS
504 N. HARBOR CITY BLVD.
MELBOURNE, FL 32935**

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

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-STATE-ZIP
**MGRM
ENGLE, DOUGLAS
504 N. HARBOR CITY BLVD.
MELBOURNE, FL 32935** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGRM
MORGAN, STEVE
504 N. HARBOR CITY DR.
MELBOURNE, FL 32935** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

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CITY-STATE-ZIP ☐ Change ☐ Add

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CITY-STATE-ZIP ☐ Change ☐ Add

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

STEVEN J. MORGAN

1/5/04 751 6033

Date Daytime Phone #