

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90323 017 ****50.00

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04082007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L04000048408	
1. Entity Name STAFFORD BRIDGE INN, L.L.C.	



Principal Place of Business 2875 S OCEAN BLVD SUITE 200 PALM BEACH, FL 33480	Mailing Address 2875 S OCEAN BLVD SUITE 200 PALM BEACH, FL 33480
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2. Principal Place of Business - No P.O. Box # 205 WORTH AVENUE Suite, Apt. #, etc. SUITE 312 City & State PALM BEACH, FL Zip 33480 Country UNITED STATES	3. Mailing Address 205 WORTH AVENUE Suite, Apt. #, etc. SUITE 312 City & State PALM BEACH, FL Zip 33480 Country UNITED STATES
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6. Name and Address of Current Registered Agent MCKIBBIN, DAVID A 2875 S OCEAN BLVD SUITE 200 PALM BEACH, FL 33480 205 WORTH AVENUE SUITE 312 PALM BEACH, FL 33480		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *David A. McKibbin* DATE 4-30-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCKIBBIN, DAVID A 1388 LAND END RD LANTANA, FL 33462 <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	MGRM WILSON, JENNIFER 10000 WILSON STREET DADE COUNTY, FL 33126 <input checked="" 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
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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 *David A. McKibbin* (David A. McKibbin) DATE 4-30-07 (561/5476606)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE