
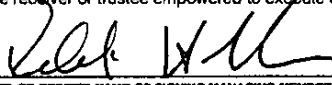


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90173 033 ****50.00

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DOCUMENT # L04000052550 1. Entity Name DOWNTOWN STUART ASSOCIATES, LLC					
Principal Place of Business 3535 NE SKYLINE DRIVE JENSEN BEACH, FL 34957			Mailing Address 3535 NE SKYLINE DRIVE JENSEN BEACH, FL 34957		
2. Principal Place of Business 611 NE Dagoon Ter.		3. Mailing Address P.O. Box 378			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Jensen Beach FL		City & State Jensen Beach FL		4. FEI Number 65-0181057	
Zip 34957		Country United States		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FLAGG, ROBERT H 3535 NE SKYLINE DRIVE JENSEN BEACH, FL 34957			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 611 NE Dagoon Ter. City Jensen Beach FL Zip Code 34957		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
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	MGRM FLAGG, ROBERT H 3535 NE SKYLINE DRIVE JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Flagg, Robert H 611 NE Dagoon Ter Jensen Beach, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLAGG, RUTH B 3535 NE SKYLINE DRIVE JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Flagg, Ruth B 611 NE Dagoon Ter Jensen Beach FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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: 				2/2/06 772-284-9103	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					