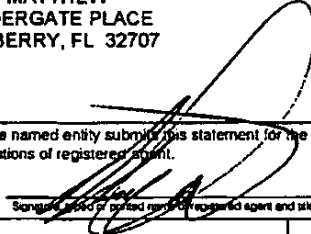
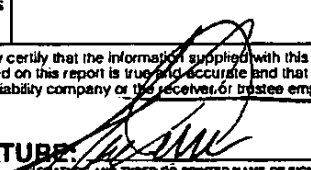


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

8 **FILED**
Aug 29, 2005 8:00 am
Secretary of State

08-08-2005 90149 030 ****50.00

DOCUMENT # L04000055304			
1. Entity Name STAMER-STEIN, LLC			
Principal Place of Business 3749 ALDERGATE PLACE CASSELBERRY, FL 32707		Mailing Address 3749 ALDERGATE PLACE CASSELBERRY, FL 32707	
2. Principal Place of Business 631 N. WYMORE RD Suite, Apt. #, etc.		3. Mailing Address 631 N. WYMORE RD Suite, Apt. #, etc.	
City & State MAHLAND FL		City & State MAHLAND FL	
Zip 32751	Country	Zip 32751	Country
6. Name and Address of Current Registered Agent STAMER, MATTHEW 3749 ALDERGATE PLACE CASSELBERRY, FL 32707		7. Name and Address of New Registered Agent Name (Same) Street Address (P.O. Box Number is Not Acceptable) 631 N. WYMORE RD City MAHLAND FL Zip Code 32751	
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 		DATE	
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STAMER, MATTHEW 3749 ALDERGATE PLACE CASSELBERRY, FL 32707 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 631 N. WYMORE RD MAHLAND FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEIN, MICHAEL 10921 LARCH COURT PALM BEACH GARDENS, FL 33418 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 		Date 7/28/05 407-535-3948	

30010945



07282005 Chg-LLC CR2E083 (10/03)

4. FEI Number **11-372 3924** ☒ Applied For ☐ Not Applicable

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