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Aug 29, 2005 8:00 am
Secretary of State

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07282005 Chg-LLC CR2E083 (10/03)

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000055304

1. Entity Name
STAMER-STEIN, LLC

Principal Place of Business	Mailing Address
3749 ALDERGATE PLACE CASSELBERRY, FL 32707	3749 ALDERGATE PLACE CASSELBERRY, FL 32707

2. Principal Place of Business	3. Mailing Address
631 N. Wymore Rd	631 N. Wymore Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Maitland FL	City & State: Maitland FL
Zip: 32751 Country:	Zip: 32751 Country:

4. FEI Number: 11-3723924 ☑ Applied For ☐ Not Applicable

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

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: Maitland 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
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 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	631 N. Wymore Rd Maitland FL 32751	☑ Change ☐ Addition
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: ______________________________ 7/28/05 407-539-3946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #