2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2006
Secretary of State

DOCUMENT# L04000064041

Entity Name: STOCK FAMILY HOLDINGS, LLC

Current Principal Place of Business:

4501 TAMIAMI TRAIL NORTH, SUITE 300
NAPLES, FL 34103

New Principal Place of Business:

4501 TAMIAMI TRAIL NORTH
SUITE 300
NAPLES, FL 34103

Current Mailing Address:

4501 TAMIAMI TRAIL NORTH, SUITE 300
NAPLES, FL 34103

New Mailing Address:

4501 TAMIAMI TRAIL NORTH
SUITE 300
NAPLES, FL 34103

FEI Number: 20-1826092 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRIDER, CRAIG D ESQ.
C/O GOODLETTE, COLEMAN & JOHNSON, P.A.
4001 TAMIAMI TRAIL NORTH, SUITE 300
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

GOODLETTE, COLEMAN & JOHNSON, P.A.
4001 TAMIAMI TRAIL NORTH
SUITE 300
NAPLES, FL 34103 US

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.

SIGNATURE: CRAIG D. GRIDER 04/19/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: STOCK, KENNETH C
Address: 4501 TAMIAMI TRAIL NORTH, SUITE 300
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: STOCK, KENNETH C
Address: 4501 TAMIAMI TRAIL NORTH, SUITE 300
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KENNETH C. STOCK MGR 04/19/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date