2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2006
Secretary of State

DOCUMENT# L04000065305

Entity Name: STEWART HOLDINGS, LLC

Current Principal Place of Business:

PO BOX 471476
LAKE MONROE, FL 32747

New Principal Place of Business:

Current Mailing Address:

PO BOX 471476
LAKE MONROE, FL 32747

New Mailing Address:

FEI Number: 05-0608315 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALIRAZA, MANEKIA A MGR
4989 SHORELINE CIR
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	MANEKIA, ALIRAZA A	
Address:	4989 SHORELINE CIR	
City-St-Zip:	SANFORD, FL 32771	
Title:	MGR	( ) Delete
Name:	SIBTAIN, MANEKIA A	
Address:	628 SAMANTHA LANE	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	MGR	( ) Delete
Name:	SHABBIR, MANEKIA A	
Address:	112 CALABRIA SPRINGS COVE	
City-St-Zip:	SANFORD, FL 32771	
Title:	MGR	( ) Delete
Name:	KAZIM, KERMALI F	
Address:	125 CALABRIA SPRINGS COVE	
City-St-Zip:	SANFORD, FL 32771	
Title:	MGR	( ) Delete
Name:	SHABBAR, KERMALI F	
Address:	515 RANDON TERRACE	
City-St-Zip:	LAKE MARY, FL 32746	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: ALIRAZA MANEKIA MM 04/04/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date