

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065305

FILED
Mar 06, 2009
Secretary of State

Entity Name: STEWART HOLDINGS, LLC

Current Principal Place of Business:

4989 SHORELINE CIR
SANFORD, FL 32771

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 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

MGR

03/06/2009

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