


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90004 016 \*\*\*\*50.00

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>DOCUMENT # L05000004006</b><br>1. Entity Name<br><b>STEWART PROPERTIES, LLC</b>  |  |   |  |    |  |
| Principal Place of Business<br><b>PO BOX 547245<br/>ORLANDO FL 32854</b>  |  |   | Mailing Address<br><b>PO BOX 547245<br/>ORLANDO FL 32854</b> |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.                     |  |   |  |
| City & State  |  | City & State  |  |   |  |
| Zip   | Country  | Zip   | Country  |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>YERGEY, DAVID A JR<br/>211 N. MAGNOLIA AVENUE<br/>ORLANDO FL 32801</b>  |  |   |  | 7. Name and Address of New Registered Agent<br>Name <b>David Steward</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>1700 North Orange Blossom Tr</b><br>City <b>Orlando</b> FL <b>32804</b> |  |
| 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.<br>SIGNATURE <i>David Steward</i> (NOTE: Registered Agent signature required when reinstating) DATE _____ |  |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2006</b>  |  |   |  |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |   | <b>10. ADDITIONS/CHANGES</b>                                 |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>MGR<br/>STEWART, DAVID D<br/>PO BOX 547245<br/>ORLANDO FL 32854</b>             | <input type="checkbox"/> Delete                                   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>MGR<br/>STEWART, STEPHAN<br/>4570 PALM VALLEY ROAD<br/>PONTE VERDE FL 32802</b> | <input type="checkbox"/> Delete                                   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>MGR<br/>SPENCER, JOYCE S<br/>1241 ERROL PARKWAY<br/>APOPKA FL 32712</b>         | <input type="checkbox"/> Delete                                   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *David Steward*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE