

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 A
Secretary of State

DOCUMENT # L05000007227 1. Entity Name STIERS-FOXWORTH PROPERTIES LLC	
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Principal Place of Business 8100 GLYNNWOOD DR MONTGOMERY, AL 36117	Mailing Address 8100 GLYNNWOOD DR MONTGOMERY, AL 36117
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02052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2204822	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent TARKOE, CLINTON M 4840 NE 28TH AVENUE FORT LAUDERDALE, FL 33308
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DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STIERS, WILLIAM F 1319 BAYLISS DRIVE ALEXANDRIA, VA 22302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOXWORTH, BILLY F JR. 8100 GLYNNWOOD DR MONTGOMERY, AL 36117
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<p>U000000632534 02/21/07-80025-024:55:00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Billy F. Foxworth Jr **2/07/07** **334 272 1677**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #