

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 08, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L0500007227</b>	
1. Entity Name STIERS-FOXWORTH PROPERTIES LLC	

Principal Place of Business 8100 GLYNNWOOD DR MONTGOMERY, AL 36117	Mailing Address 8100 GLYNNWOOD DR MONTGOMERY, AL 36117
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**DO NOT WRITE IN THIS SPACE**



05052008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2204822	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

TARKOE, CLINTON M  
 4840 NE 28TH AVENUE  
 FORT LAUDERDALE, FL 33308

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008** In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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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 06/03/08-80062-025 138.75

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:** Dr Billy F Foxworth Jr 5/5/2008 334 272-1677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #