2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State
02-12-2007 90307 020 ****50.00

DOCUMENT # L05000013912

1. Entity Name

STANTON FAMILY ENTERPRISES, LLC

Principal Place of Business	Mailing Address
P.O. BOX 5648 FORT LAUDERDALE FL 33310	~~P.O. BOX 5648~~ ~~FORT LAUDERDALE FL 33310~~

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	951 West Conway Drive, NW Suite, Apt. #, etc.
City & State	City & State: Atlanta GA
Zip / Country	Zip: 30327 / Country: USA

4. FEI Number: 61-1488585 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SINGER, BERNARD A ESQ 3107 STIRLING RD, SUITE 105 FORT LAUDERDALE FL 33312	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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) (If a corporation is registered agent, signature must be officer's where required) Date

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KLUVO, LAURA		NAME		
STREET ADDRESS	9564 E ALTADENA AVE		STREET ADDRESS		
CITY ST ZIP	SCOTTSDALE AZ 85260		CITY ST ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	STANTON, JEFFREY		NAME		
STREET ADDRESS	21577 WOODSTREAM TERRACE		STREET ADDRESS		
CITY ST ZIP	BOCA RATON FL 33428		CITY ST ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	STANTON, BRADLEY		NAME		
STREET ADDRESS	6817 BOBCAT RIDGE TRAIL		STREET ADDRESS		
CITY ST ZIP	TUCSON AZ 85743		CITY ST ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ALDRIDGE, LEAH		NAME		
STREET ADDRESS	951 W CONWAY DR NW		STREET ADDRESS		
CITY ST ZIP	ATLANTA GA 30327		CITY ST ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		

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: Leah S. Aldridge Leah S. Aldridge 01.31.07 404.816.4754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

managing member