

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000015031

1. Entity Name
STACEY & JOEL L.L.C.



Principal Place of Business
120 S.E. 5TH AVE. APT. 218
BOCA RATON, FL 33432

Mailing Address
120 S.E. 5TH AVE. APT. 218
BOCA RATON, FL 33432

FILED

07 JAN 12 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01072007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
52-2451289

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ISRAEL, JOEL
120 S.E. 5TH AVE. APT. 218
BOCA RATON, FL 33432

**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**

400085632944
01/23/07--01003--008 **250.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ISRAEL, JOEL
STREET ADDRESS	120 SE 5TH AVE #218
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	MGRM
NAME	GOER, STALEY
STREET ADDRESS	120 SE 5TH AVE #218
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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

Joel Israel

Joel Israel

JAN 5, 2007

256 697 2956

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

K. Felt JAN 12 2007