


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000019858	
1. Entity Name STANGZONE, LLC	

Principal Place of Business 11940 PINE FOREST DRIVE, SUITE A NEW PORT RICHEY, FL 34654	Mailing Address 11940 PINE FOREST DRIVE, SUITE A NEW PORT RICHEY, FL 34654
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03202007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-2451363	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  GANCEDO, RICHARD 11940 PINE FOREST DRIVE, SUITE A NEW PORT RICHEY, FL 34654
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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 GANCEDO, RICHARD 11940 PINE FOREST DRIVE, SUITE A NEW PORT RICHEY, FL 34654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONWAY, JOHN 11940 PINE FOREST DRIVE, SUITE A NEW PORT RICHEY, FL 34654
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 04/06/07-80012-025 50.00

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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: John Conway Date: 3-29-07 Daytime Phone #: (352) 585-2655

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