

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000025768

**FILED**  
**Feb 07, 2011**  
**Secretary of State**

**Entity Name:** STUMP PASS APARTMENTS, LLC

**Current Principal Place of Business:**

9880 NE GASPARILLA PASS  
BOCA GRANDE, FL 33921

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1007  
BOCA GRANDE, FL 33921

**New Mailing Address:**

**FEI Number:** 20-2476131

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TAYLOR, DAVID W MGRM  
9880 NE GASPARILLA PASS  
BOCA GRANDE, FL 33921 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** TAYLOR, DAVID W  
**Address:** 9880 NE GASPARILLA PASS  
**City-St-Zip:** BOCA GRANDE, FL 33921 US

**Title:** MGR  
**Name:** TAYLOR, THOMAS  
**Address:** 2302 STONEBRIDGE DR.  
**City-St-Zip:** FLINT, MI 48532 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** DAVID TAYLOR

MGR

02/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date