

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 09, 2007 8:00 am
Secretary of State

08-09-2007 90019 012 ****50.00

DOCUMENT # L05000029431

1. Entity Name

STERN MANOR, LLC



Principal Place of Business

**C/O A. EDWIN STERN, JR.
1229 THATCH PALM DRIVE
BOCA RATON FL 33432**

Mailing Address

**C/O A. EDWIN STERN, JR.
1229 THATCH PALM DRIVE
BOCA RATON FL 33432**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BSPA CORPORATE SERVICES, INC.
350 EAST LAS OLAS BLVD.
SUITE 1000
FT. LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **STERN, A. EDWIN JR.**
STREET ADDRESS **1229 THATCH PALM DRIVE**
CITY- ST- ZIP **BOCA RATON FL 33432**

TITLE **MGRM** ☐ Delete
NAME **STERN, RUTH**
STREET ADDRESS **1229 THATCH PALM DRIVE**
CITY- ST- ZIP **BOCA RATON FL 33432**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ Delete
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CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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:

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

A. EDWIN STERN JR 8/3/07 561-394-5280

Date

Daytime Phone #