

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029775

FILED
Feb 06, 2007
Secretary of State

Entity Name: STILES INVESTMENTS, LLC

Current Principal Place of Business:

New Principal Place of Business:

1609 WAHOO LANE
PANAMA CITY, FL

Current Mailing Address:

New Mailing Address:

P.O. BOX 27143
PANAMA CITY, FL 32411

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BARLOGA, SCOTT B
220 MCKENZIE AVE.
PANAMA CITY, FL 32402 US

STILES, ELIZABETH A
820 HAWTHORN AVE
BOULDER, FL 80304 US

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: ELIZABETH STILES 02/06/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: STILES, RICHARD H
Address: P.O. BOX 27143
City-St-Zip: PANAMA CITY, FL 32411

Title: MGRM (X) Change () Addition
Name: STILES, RICHARD E
Address: P.O. BOX 27143
City-St-Zip: PANAMA CITY, FL 32411

Title: () Delete
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: STILES, ELIZABETH A
Address: 820 HAWTHORN AVE
City-St-Zip: BOULDER, CO 80304

Title: () Delete
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: STILES, BERNICE G
Address: P.O. BOX 27143
City-St-Zip: PANAMA CITY, FL 32411

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: ELIZABETH A STILES MGRM 02/06/2007

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