


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90115 043 \*\*\*143.75

DOCUMENT # L05000029775  
 1. Entity Name  
**STILES INVESTMENTS, LLC**



Principal Place of Business Mailing Address  
**1609 WAHOO LANE P.O. BOX 27143**  
**PANAMA CITY FL PANAMA CITY FL 32411**



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

1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent  
**STILES, ELIZABETH A**  
**820 HAWTHORN AVE**  
**BOULDER FL 80304**

7. Name and Address of New Registered Agent  
 Name **STILES, RICHARD E**  
 Street Address (P.O. Box Number is Not Acceptable) **1609 WAHOO LANE**  
 City **PANAMA CITY FL** Zip Code **32411**

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 Richard E. Stiles DATE 4.2.8

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

| 9. MANAGING MEMBERS / MANAGERS |                        |                                 |
|--------------------------------|------------------------|---------------------------------|
| TITLE                          | MGRM                   | <input type="checkbox"/> Delete |
| NAME                           | STILES, RICHARD E      |                                 |
| STREET ADDRESS                 | P.O. BOX 27143         |                                 |
| CITY - ST - ZIP                | PANAMA CITY FL 32411   |                                 |
| TITLE                          | MGRM                   | <input type="checkbox"/> Delete |
| NAME                           | STILES, ELIZABETH A    |                                 |
| STREET ADDRESS                 | 820 HAWTHORN AVE       |                                 |
| CITY - ST - ZIP                | BOULDER CO 80304       |                                 |
| TITLE                          | MGRM                   | <input type="checkbox"/> Delete |
| NAME                           | STILES, BERNICE G      |                                 |
| STREET ADDRESS                 | P.O. BOX 27143         |                                 |
| CITY - ST - ZIP                | PANAMA CITY FL 32411   |                                 |
| TITLE                          | MGRM                   | <input type="checkbox"/> Delete |
| NAME                           | STILES, SARAH G        |                                 |
| STREET ADDRESS                 | 501 MAPLETON AVE.      |                                 |
| CITY - ST - ZIP                | BOULDER CO 80304       |                                 |
| TITLE                          | MGRM                   | <input type="checkbox"/> Delete |
| NAME                           | STILES, DOUGLAS D      |                                 |
| STREET ADDRESS                 | 202 W STATE SUITE 522  |                                 |
| CITY - ST - ZIP                | ROCKFORD IL 61101-1120 |                                 |
| TITLE                          | MGRM                   | <input type="checkbox"/> Delete |
| NAME                           | STILES, ANDREW D       |                                 |
| STREET ADDRESS                 | 138 LAKESHORE DRIVE    |                                 |
| CITY - ST - ZIP                | LAKE MILLS WI 53551    |                                 |

| 10. ADDITIONS / CHANGES |  |   |
|-------------------------|--|---|
| TITLE                   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                    |  |   |
| STREET ADDRESS          |  |   |
| CITY - ST - ZIP         |  |   |
| TITLE                   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                    |  |   |
| STREET ADDRESS          |  |   |
| CITY - ST - ZIP         |  |   |
| TITLE                   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                    |  |   |
| STREET ADDRESS          |  |   |
| CITY - ST - ZIP         |  |   |
| TITLE                   |  | <input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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: Richard E. Stiles **RICHARD E. STILES** 4.2.8  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
 850 230 0362  
 Date Daytime Phone #