

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029775

FILED  
Jan 20, 2010  
Secretary of State

**Entity Name:** STILES INVESTMENTS, LLC

**Current Principal Place of Business:**

1609 WAHOO LANE  
PANAMA CITY, FL

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 27143  
PANAMA CITY, FL 32411

**New Mailing Address:**

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

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

STILES, ELIZABETH A  
1609 WAHOO LANE  
PANAMA CITY, FL 32411    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: STILES, RICHARD E  
Address: P.O. BOX 27143  
City-St-Zip: PANAMA CITY, FL 32411

Title: MGRM  
Name: STILES, ELIZABETH A  
Address: 820 HAWTHORN AVE  
City-St-Zip: BOULDER, CO 80304

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

Title: MGRM  
Name: STILES, SARAH G  
Address: 501 MAPLETON AVE  
City-St-Zip: BOULDER, CO 80304

Title: MGRM  
Name: STILES, DOUGLAS D  
Address: 202 W SATE SUTE 522  
City-St-Zip: ROCKFORD, IL 611011120

Title: MGRM  
Name: STILES, ANDREW D  
Address: 138 LAKESHORE DR  
City-St-Zip: LAKE MILLS, WI 53551

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: RICHARD STILES

MGM

01/20/2010

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