


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90179 047 ***138.75

DOCUMENT # L05000036506	
1. Entity Name STEPHAN PROPERTIES, LLC	

Principal Place of Business 241 S. WESTMONTE DRIVE, STE. 1010 ALTAMONTE SPRINGS, FL 32714	Mailing Address 241 S. WESTMONTE DRIVE, STE. 1010 ALTAMONTE SPRINGS, FL 32714
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60015954



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

02222008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2749435	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent MEIER, GREGORY W ESQ SHUFFIELDLOWMAN 1000 LEGION PLACE, SUITE 1700 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Reinhard Stephan Street Address (P.O. Box Number is Not Acceptable) 241 S. Westmonte Drive, St. 1010 City Altamonte Springs FL Zip Code 32714	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEPHAN, MICHELLE R 241 S. WESTMONTE DRIVE, STE. 1010 ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  Michelle Stephan	Date 2-22-08	Daytime Phone # 407-772-3330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE		