

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000039657

FILED  
May 01, 2008  
Secretary of State

**Entity Name:** STACHURA & STACHURA REAL ESTATE INVESTMENTS, LLC

**Current Principal Place of Business:**

7500 TORTOISE WAY  
SARASOTA, FL 342419511

**New Principal Place of Business:**

**Current Mailing Address:**

7500 TORTOISE WAY  
SARASOTA, FL 342419511

**New Mailing Address:**

FEI Number: 36-4573214      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

PSALTIS, DOROTHY M  
7500 TORTOISE WAY  
SARASOTA, FL 342419511 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: STACHURA, WALTER J  
Address: 7500 TORTOISE WAY  
City-St-Zip: SARASOTA, FL 342419511

Title: MGR ( ) Delete  
Name: PSALTIS, DOROTHY M  
Address: 7500 TORTOISE WAY  
City-St-Zip: SARASOTA, FL 342419511

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DOROTHY M. PSALITS

MGR

05/01/2008

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