2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000041365

Name:

Address:

City-St-Zip:

581 PUTTER LANE

LONGBOAT KEY, FL 34228

Entity Name: STUBIL VENTURES, LLC

FILED Jan 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8677 S.E. 136TH LANE SUMMERFIELD, FL 34491 **Current Mailing Address: New Mailing Address:** PO BOX 5826 SARASOTA, FL 34277 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: WILSON, MICHAEL J 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete SHORT, L J MRS Name: Name: Address: 634 SOUTH OWL DRIVE Address: City-St-Zip: SARASOTA, FL 34236 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: SHORT, WM F DR Name: Address: 634 SOUTH OWL DRIVE Address: City-St-Zip: SARASOTA, FL 34236 City-St-Zip: Title: MGR () Delete Title: () Change () Addition ROBINSON, STUART B MR. Name: Name: Address: 581 PUTTER LANE Address: City-St-Zip: LONGBOAT KEY, FL 34228 City-St-Zip: Title: MGR () Delete Title: () Change () Addition ROBINSON, PEGGE MRS

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.

Name:

Address:

City-St-Zip:

SIGNATURE: L. JEAN SHORT 01/22/2009