2007 LIMITED LIABILITY COMPANY FILED **ANNUAL REPORT** Jan 24, 2007 08:00 AN **DOCUMENT # L05000041631 Secretary of State** STILLER INDEPENDENT ENTERPRISES, L.L.C. Principal Place of Business Mailing Address 108 SE 39TH TERRACE 108 SE 39TH TERRACE CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 01202007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0691801 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STILLER, BERND H SR. DO NOT WRITE 108 SE 39TH TERRACE CAPE CORAL, FL 33904 IN THIS SPACE 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. Signature, typad or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS MGRM mneNAME BERND H. AND HILDA STILLER, CO-TRUSTEES OF STREET ADDRESS 108 SE 39TH TERRACE U00000600495 01/26/07-80013-003 55.00 CATY-ST-ZIP CAPE CORAL, FL 33904 meNAME STREET ADDRESS CHY-ST-ZIP 7777.6 NAME STREET ADDRESS DO NOT WRITE CETY-ST-ZIP IN THIS SPACE HAME STREET ADDRESS COY-ST-709 न् सहा NAME

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.

STREET ADDRESS CATY-ST-ZAP me NAME STREET ADDRESS CITY-ST-ZIP

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