## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Jan 28, 2008 8:00 am Secretary of State **DOCUMENT # L05000059588** 01-28-2008 90071 021 \*\*\*138.75 STASIN PROPERTIES, LLC Mailing Address Principal Place of Business 60004256 3310 BAYOU ROAD 3310 BAYOU ROAD LONGBOAT KEY, FL 34228 LONGBOAT KEY, FL 34228 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-3020721 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Ved F. SINDER MYERS, TROY H JR. 2033 MAIN STREET SUITE 600 3310 BAYOU ROAD SARASOTA, FL 34237 8. The above named entity subgriss 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) Make check payable to FILE NOW!!! FEE IS \$138.75 Florida Department of State After May 1, 2008 Fee will be \$538.75 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Addition MGRM ☐ Change ☐ Detete TITLE TOTLE SINDER, NED F NAME NAME STREET ADDRESS STREET ADDRESS 3310 BAYOU ROAD LONGBOAT KEY, FL 34228 CITY-ST-ZIP CITY-ST-71P ☐ Addition ☐ Change ☐ Delete TITLE STAVIN, NANCY B NAME NAME **BAYOU ROAD** STREET ADDRESS STREET ADDRESS LONGBOAT KEY, FL 34228 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-78P ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 11. I hereby certify that the information supplied with this filling 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.

FILED