## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Apr 24, 2008 08:00 AN Secretary of State

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1. Entity Name STOCK HOLDINGS LLC



Principal Place of Business

3905 EL REY ROAD ORLANDO, FL 32808 Mailing Address

3905 EL REY ROAD ORLANDO, FL 32808



04222008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

HARTMAN, JAMES C 3905 EL REY ROAD ORLANDO,, FL 32808

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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 the obligations of registered agent.	accept

(NOTE: Registered Agent signature required when reinstating)

## FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS		
TITLE	MGRM	
NAME	HARTMAN, JAMES C	
STREET ADDRESS	3905 EL REY ROAD	
CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE	MGRM	
NAME	HARTMAN, DEBRA E	
STREET ADDRESS	3905 EL REY ROAD	
CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE	MGRM	
NAME	SCHLYTTER, ROBERT O	
STREET ADDRESS	3905 EL REY ROAD	
CITY-ST-ZIP	ORLANDO,, FL 32808	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	10 20214	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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DATE

## DO NOT WRITE IN THIS SPACE

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 account 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 flability company on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

MBB

4.22.8

407.298.298

Daytime Phone #