

# **2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000077164

Entity Name: STOCK REFERRALS, LLC

**FILED**  
**Nov 08, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

1585 PINE RIDGE ROAD  
SUITE 4  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

4501 TAMIAMI TRAIL NORTH  
SUITE 300  
NAPLES, FL 34109

**New Mailing Address:**

FEI Number: 20-3265634

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GOODLETTE, COLEMAN & JOHNSON, P.A.  
4001 TAMIAMI TRAIL NORTH, SUITE 300  
NAPLES, FL 34103 US

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

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: STOCK, BRIAN K  
Address: 4501 TAMIAMI TRAIL NORTH, SUITE 300  
City-St-Zip: NAPLES, FL 34103

Title: P ( ) Delete  
Name: EPIFANIO, JOSEPH  
Address: 4501 TAMIAMI TRAIL NORTH, SUITE 300  
City-St-Zip: NAPLES, FL 34103

**ADDITIONS/CHANGES:**

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

Title: P (X) Change ( ) Addition  
Name: ZAGAR, JOHN  
Address: 4501 TAMIAMI TRAIL NORTH, SUITE 300  
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the 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: BRIAN K. STOCK

MGR

11/08/2006

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