


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000086329</b> 1. Entity Name STAIR SOLUTIONS, LLC	
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Principal Place of Business 3208 TOWN AVE. NEW PORT RICHEY, FL 34655	Mailing Address 3208 TOWN AVE. NEW PORT RICHEY, FL 34655
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**DO NOT WRITE IN THIS SPACE**



04242007No Chg-LLC CR2E083 (11/05)

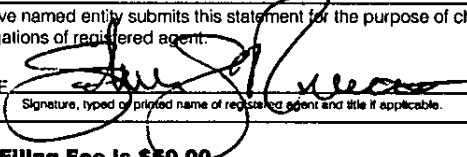
4. FEI Number 20-3320267	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

ROBERTS, JOHN J  
3208 TOWN AVE.  
NEW PORT RICHEY, FL 34655

**DO NOT WRITE  
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  (NOTE: Registered Agent signature required when reinstating)

DATE 4-27-2007

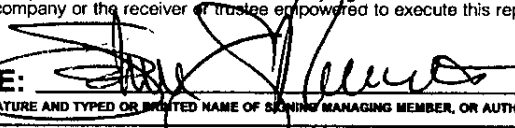
**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DESTER, CHRIS C 3208 TOWN AVE. NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERTS, JOHN J 3208 TOWN AVE. NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000744234  
05/15/07-80140-021 50.00

**DO NOT WRITE  
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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 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.

SIGNATURE:  DATE 4-27-2007 727-919-5751

Daytime Phone #