

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092141

FILED
Apr 27, 2006
Secretary of State

Entity Name: STIRRUP DEVELOPMENT, L.L.C.

Current Principal Place of Business:

24 WEST CHASE STREET
PENSACOLA, FL 32502

New Principal Place of Business:

528 WEST GARDEN STREET
SUITE 4
PENSACOLA, FL 32501 US

Current Mailing Address:

24 WEST CHASE STREET
PENSACOLA, FL 32502

New Mailing Address:

528 WEST GARDEN STREET
SUITE 4
PENSACOLA, FL 32501 US

FEI Number: 20-3491377

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOZIER, THAMES & FRAZIER, P.A.
24 WEST CHASE STREET
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

WHIBBS, VINCENT J JR
1801 EAST JACKSON STREET
PENSACOLA, FL 32501 US

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: VINCENT J. WHIBBS, JR.

04/27/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: ADVANTAGE EDUCATIONA, L SERVICES, L. L. C.
Address: 528 WEST GARDEN STREET
City-St-Zip: PENSACOLA, FL 32501 US

Title: MGR () Change (X) Addition
Name: BUYERS CHOICE OF PEN, SACOLA, L.L.C.
Address: 528 WEST GARDEN STREET
City-St-Zip: PENSACOLA, FL 32501 US

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: TOM DRYSDALE

MGR

04/27/2006

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