## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Mar 06, 2006 8:00 am **Secretary of State** DOCUMENT # L05000102278 1. Entity Name 03-06-2006 90207 019 \*\*\*\*55.00 RICHARD STEPHENS LLC Principal Place of Business Mailing Address 717 S. US HWY. 1 717 S. US HWY. 1 **UNIT 101 UNIT 101** JUPITER FL 33477 JUPITER FL 33477 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For 102 44 6098 Not Applicable Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired X Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STEPHENS, RICHARD Street Address (P.O. Box Number is Not Acceptable) 717 S. US HWY. 1 **UNIT 101** JUPITER FL 33477 City Zip Code 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 Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Change MGRM ☐ Delete TITLE Addition TITLE NAME NAME STEPHENS, RICHARD STREET ADDRESS 717 S. US HWY. 1, UNIT 101 STREET ADDRESS CITY-ST-7IP JUPITER FL 33477 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 repreceiver or trustee empoyered to execute this report as required by Chapter 608, Florida Statutes.

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