FILED
May 15, 2006 8:00 am
Secretary of State
03-22-2006 90291 049 ****50.00

30008426

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000106607

1. Entity Name
STUART PARTNERS, LLC

Principal Place of Business	Mailing Address
7331 OFFICE PARK PLACE, SUITE 200 VIERA, FL 32940	7331 OFFICE PARK PLACE, SUITE 200 VIERA, FL 32940

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

02/22/2006 Chg-LLC CREDED (11/05)

4. FEI Number: 20-3753212 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

EULER, ERNEST C
7331 OFFICE PARK PLACE, SUITE 200
VIERA, FL 32940

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 _____ Date

Filing Fee is $400.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES
managing member ☐ Delete Ernest Euler 7331 Office Pl. #200 Viera, FL 32940	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition
managing member ☐ Delete Richard Rizzo 7331 Office Park Pl. #200 Viera, FL 32940	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition

11. I hereby certify that the information submitted 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 equivalent or duties authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: X _____

Name and Title of Person Signing (Type or Print) Date Daytime Phone #