## 2007 LIMITED LIABILITY COMPANY

SIGNATURE SIGNATURE AND TYPES OF FRINTED NAME OF SIGNING MANAGING MEMBER

## Feb 15, 2007 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT #L05000107109** 01-19-2007 90133 017 \*\*\*\*50.00 1. Entity Name STANLEY INVESTMENTS, LLC Principal Place of Business Mailing Address 29 NE 4TH AVENUE 29 NE 4TH AVENUE DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02122007 Chg-LLC CR2E083 (12/06) City & State City & State Applied For 4. FEI Number 20-37*960*3/ APPLIED Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STANLEY, THOMAS M Street Address (P.O. Box Number is Not Acceptable) 29 NE 4TH AVENUE DELRAY BEACH, FL 33483 City Zip Code FL8. 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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGRM TITLE Delete TITLE ☐ Change ☐ Addition STANLEY, THOMAS M NAME NAME STREET ADDRESS 29 NE 4TH AVENUE STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33483 CITY-ST-ZIP М TITLE Delete ☐ Change ☐ Addition STANLEY, JOHN M NAME NAME STREET ADDRESS 29 NE 4TH AVENUE STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33483 CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Dolete TITLE ☐ Change ☐ Addition 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 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.

FILED

561 276-636

Daytime Phone #

## 2007 LIMITED LIABILITY COMPANY 1/19/2007-90133-017-\$50.00-\$50.00 ANNUAL REPORT

	ATTACHMENT	
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Zip   Country   Zip   Country   Zip   Country   S. Confictate of Status Desired   \$5.00 Acceptable		
S, Name and Address of Current Registered Agent  6, Name and Address of Current Registered Agent  Name  STANLEY, THOMAS M 29 NE 4TH AVENUE  DELRAY BEACH, FL 33483  City  Filing Fee is \$50.00  Due by May 1, 2007  Palete  MARAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  10. ADDITIONS/	plied For Applicable	
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BELRAY BEACH, FL 33483    City   FL   Zip Cod	_	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent.  SIGNATURE    Signature hybrid or private/ferre of registered agent and lote it appealable.   (MOTE: Registered Agent algorates required sharing requirement of State		
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TITLE         Delete         TITLE         Change           NAME         NAME         NAME           STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP	Addition	
11. Thereby 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 eath; that I am a managing member or manager limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	nation of the	
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