


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 07, 2007 08:00 A.
Secretary of State

DOCUMENT # L05000107897 1. Entity Name RALPH STEVENS & ASSOCIATES, LLC	
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Principal Place of Business 3993 N.W. 52 PLACE BOCA RATON, FL 33496	Mailing Address 3993 N.W. 52 PLACE BOCA RATON, FL 33496
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DO NOT WRITE IN THIS SPACE



05022007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3778705	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**STEVENS, RALPH
3993 N.W. 52 PLACE
BOCA RATON, FL 33496**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

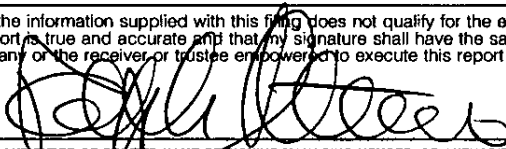
**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STEVENS, RALPH 3993 N.W. 52 PLACE BOCA RATON, FL 33496
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IN THIS SPACE**

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05/29/07-80017-004 50.00

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:  **5/2/07** **501-999-9595**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #