2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000107897

1. Entity Name

RALPH STEVENS & ASSOCIATES, LLC



Principal Place of Business

3993 N.W. 52 PLACE BOCA RATON, FL 33496 Mailing Address

3993 N.W. 52 PLACE BOCA RATON, FL 33496 FILED Jul 15, 2008 08:00 AM Secretary of State



07102008 No Chg-LLC

CR2E083 (12/07)

	A.C. 4	$\overline{}$	
	20-3778705		Not Applicable
4.	FEI Number		Applied For

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED N

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			IN I	HIS SPACE	
	named entity submits this statement for the purpose of chanions of registered agent.	nging its registere	d office or registered agent, or bot	h, in the State of Florida. I am familiar with, a	and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered	Agent signature required when reinstalling)	DATE	 -
FiLi Due	E NOW!!! FEE IS \$538.75 by September 12, 2008			000000955019 07/15/08-80007-015 538.	. 75
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGR STEVENS, RALPH 3993 N.W. 52 PLACE BOCA RATON, FL 33496				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CETY-ST-ZIP			IN 7	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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 fimited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.