


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000115835</b> 1. Entity Name STL, LLC	
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Principal Place of Business 466 CHINA HILL CT. APOPKA, FL 32712-2813	Mailing Address 5201 KINGSTON PIKE, STE. 6301 KNOXVILLE, TN 37919
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04022007 No Chg-LLC      CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 76-0814727	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

CLAUDE, VINCENT A  
 466 CHINA HILL CT.  
 APOPKA, FL 32712-2813

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_


**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	CLAUDE, VINCENT A
STREET ADDRESS	466 CHINA HILL CT.
CITY - ST - ZIP	APOPKA, FL 327122813
TITLE	MGRM
NAME	BOOKSTAFF, BLAKE L
STREET ADDRESS	5201 KINGSTON PIKE, STE. 6325
CITY - ST - ZIP	KNOXVILLE, TN 37919
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000703904  
04/20/07-80160-010 50.00

DO NOT WRITE  
IN THIS SPACE

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:       4/10/07    4078845761

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