2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000121183

1. Entity Name
MICHAEL E. STOVER BUILDER, LLC

Principal Place of Business	Mailing Address
134 MASTERS DRIVE ST AUGUSTINE, FL 32084	134 MASTERS DRIVE ST AUGUSTINE, FL 32084

DO NOT WRITE IN THIS SPACE

01072008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-3971349	Not Applicable

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

6. Name and Address of Current Registered Agent

STOVER, MICHAEL E
134 MASTERS DRIVE
ST AUGUSTINE, FL 32084

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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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U000000797098
01/29/08-80062-002 138.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	STOVER, MICHAEL E	
STREET ADDRESS	233 HAWTHORNE ROAD	
CITY-ST-ZIP	ST AUGUSTINE, FL 32086	
TITLE	MGRM	
NAME	STOVER, PATRICIA A	
STREET ADDRESS	233 HAWTHORNE ROAD	
CITY-ST-ZIP	ST AUGUSTINE, FL 32086	
TITLE		
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CITY-ST-ZIP		

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: Patricia A. Stover   1/22/08   904-819-0234

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