2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000121636

1. Entity Name
STUART PROPERTIES, LLC

00037146

Principal Place of Business	Mailing Address
2135 CHERRY VALE PLACE THE VILLAGES, FL 32162	2135 CHERRY VALE PLACE THE VILLAGES, FL 32162

04202006   Chg-LLC   CR2E083 (11/05)

2. Principal Place of Business 591 DENMARK PLACE Suite, Apt. #, etc.	3. Mailing Address 591 DENMARK PLACE Suite, Apt. #, etc.		
City & State THE VILLAGES FL	City & State THE VILLAGES FL	4. FEI Number 272-42-8702	Applied For Not Applicable
Zip 32162	Country SUMTER	Zip 32162	Country SUMTER	5. Certificate of Status Desired ☒	**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STUART, JANET B 2135 CHERRY VALE PLACE THE VILLAGES, FL 32162	Name STUART, JANET B Street Address (P.O. Box Number is Not Acceptable) 591 DENMARK PLACE City THE VILLAGES FL Zip Code 32162

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 _Janet B Stuart_   DATE 4/28/06

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

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MGRM NAME STUART, JANET B. STREET ADDRESS 591 DENMARK PLACE, THE VILLAGES, FL CITY-ST-ZIP 32162	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _Janet B Stuart_   4/28/06   352-753-0640

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