


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90202 042 ****50.00

DOCUMENT # L06000015765			
1. Entity Name STEWART INVESTMENTS, LLC			
Principal Place of Business 2838 LIPPIA RD JACKSONVILLE, FL 32209 US		Mailing Address 2838 LIPPIA RD JACKSONVILLE, FL 32209 US	
2. Principal Place of Business - No P.O. Box # 385 E 46 th St. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 2214 Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32208		Country USA	
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD. STE. 101 TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEWART, KENNETH 2838 LIPPIA RD JACKSONVILLE, FL 32209	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Stewart, Kenneth 385 E 46 th St. Jacksonville, FL 32203
Delete	<input type="checkbox"/>	Change Addition	<input checked="" type="checkbox"/> <input type="checkbox"/>
Delete	<input type="checkbox"/>	Change Addition	<input type="checkbox"/> <input type="checkbox"/>
Delete	<input type="checkbox"/>	Change Addition	<input type="checkbox"/> <input type="checkbox"/>
Delete	<input type="checkbox"/>	Change Addition	<input type="checkbox"/> <input type="checkbox"/>
Delete	<input type="checkbox"/>	Change Addition	<input type="checkbox"/> <input type="checkbox"/>
Delete	<input type="checkbox"/>	Change Addition	<input type="checkbox"/> <input type="checkbox"/>
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: Kenneth Lomack Stewart		1/30/2007 (904) 465-35 04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	