

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000041037

FILED  
Apr 29, 2007  
Secretary of State

Entity Name: STUART ADVISORY GROUP LLC

## Current Principal Place of Business:

7000 SE FEDERAL HWY.  
SUITE 303  
STUART, FL 34997

## New Principal Place of Business:

2703 SW MATHESON AVE.  
A-2  
PALM CITY, FL 34990

## Current Mailing Address:

P.O. BOX 3116  
STUART, FL 34995 31

## New Mailing Address:

FEI Number: 65-1276831

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CZIZEK, ANNE C  
7000 SE FEDERAL HWY.  
SUITE 303  
STUART, FL 34997 US

## Name and Address of New Registered Agent:

CZIZEK, ANNE C  
2703 SW MATHESON  
A-2  
PALM CITY, FL 34990 US

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.

SIGNATURE:

04/29/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: CZIZEK, ANNE C  
Address: P.O. BOX 3116  
City-St-Zip: STUART, FL 34995

Title: MGRM ( ) Delete  
Name: WARD, DENINE  
Address: P.O. BOX 3116  
City-St-Zip: STUART, FL 34995 31

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: WARD, DENINE  
Address: P.O. BOX 3116  
City-St-Zip: STUART, FL 34995 31

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANNE C. CZIZEK

MGRM

04/29/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date