2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# L06000055830

Entity Name: STAGEMAN, LLC

Current Principal Place of Business:

6650 SOUTH ORIOLE BLVD.
405
DELRAY BEACH, FL 33446 US

New Principal Place of Business:

13900 JOG ROAD
SUITE 203-181
DELRAY BEACH, FL 33446 US

Current Mailing Address:

P. O. BOX 480307
DELRAY BEACH, FL 33446 US

New Mailing Address:

13900 JOG ROAD
SUITE 203-181
DELRAY BEACH, FL 33446 US

FEI Number: 20-0829512 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLOTELO, ALLCYN
6650 SOUTH ORIOLE BLVD.
405
DELRAY BEACH, FL 33446 US

Name and Address of New Registered Agent:

COLOTELO, ALLCYN
13900 JOG ROAD
SUITE 203-181
DELRAY BEACH, FL 33446 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: 04/09/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: FREEDMAN, PETER W
Address: 6650 SOUTH ORIOLE BLVD #405
City-St-Zip: DELRAY BEACH, FL 33446 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FREEDMAN, PETER W
Address: 13900 JOG ROAD, SUITE 203-181
City-St-Zip: DELRAY BEACH, FL 33446 US

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: PETER FREEDMAN MGR 04/09/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date