2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 09, 2007
Secretary of State

DOCUMENT# L06000056768

Entity Name: STACKED DEVELOPMENTS, LLC

Current Principal Place of Business:

2863 JEFFERSON STREET
MARIANNA, FL 32446

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1591
MARIANNA, FL 32447

New Mailing Address:

FEI Number: 20-4967126 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MILTON, ALBERT C
2863 JEFFERSON STREET
MARIANNA, FL 32446 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	MILTON, ALBERT C	
Address:	2863 JEFFERSON STREET	
City-St-Zip:	MARIANNA, FL 32446	
Title:	MGRM	( ) Delete
Name:	MILTON, KATHY S	
Address:	4304 LAFAYETTE STREET	
City-St-Zip:	MARIANNA, FL 32446	
Title:	MGRM	( ) Delete
Name:	MILTON, ALBERT T	
Address:	4304 LAFAYETTE STREET	
City-St-Zip:	MARIANNA, FL 32446	
Title:	MGRM	( ) Delete
Name:	SMITH, STEVEN D	
Address:	P.O. BOX 183	
City-St-Zip:	ALFORD, FL 32420	
Title:	MGRM	( ) Delete
Name:	SMITH, CONNIE S	
Address:	P.O. BOX 183	
City-St-Zip:	ALFORD, FL 32420	

ADDITIONS/CHANGES:

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

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: KATHY S. MILTON MMGR 07/09/2007

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