

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000056768

FILED
Apr 24, 2009
Secretary of State

Entity Name: STACKED DEVELOPMENTS, LLC

Current Principal Place of Business:

2863 JEFFERSON STREET
MARIANNA, FL 32446

New Principal Place of Business:

4325 LAFAYETTE STREET
SUITE B
MARIANNA, FL 32446

Current Mailing Address:

P.O. BOX 1591
MARIANNA, FL 32447

New Mailing Address:

4325 LAFAYETTE STREET
SUITE B
MARIANNA, FL 32446

FEI Number: 20-4967126

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MILTON, ALBERT C
P. O. BOX 1591
MARIANNA, FL 32447 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: ALBERT C. MILTON

04/24/2009

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: MGRM (X) Change () Addition
Name: MILTON, ALBERT C
Address: P. O. BOX 1591
City-St-Zip: MARIANNA, FL 32447

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

MGMR

04/24/2009

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