


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90251 014 ***150.00

DOCUMENT # L06000060479	
1. Entity Name R. STEIN, LLC	

Principal Place of Business 606A SOUTH MARKET AVENUE FT. PIERCE, FL 34982	Mailing Address 606A SOUTH MARKET AVENUE FT. PIERCE, FL 34982
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2. Principal Place of Business - No P.O. Box # 3101 OLEANDER AVE	3. Mailing Address 3101 OLEANDER AVE
Suite, Apt. #, etc. BAY #4	Suite, Apt. #, etc. BAY #4
City & State FT. PIERCE, FL	City & State FT. PIERCE, FL
Zip 34982	Country USA



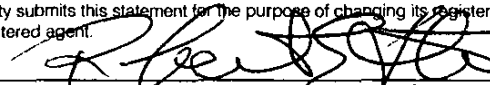
02092007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5421140	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent NORMAN, KENNETH A 2400 S.E. FEDERAL HIGHWAY, FOURTH FLOOR STUART, FL 34994	
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7. Name and Address of Now 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 	DATE 3/30/07

**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	MGR STEIN, ROBERT E 606A SOUTH MARKET AVENUE FT. PIERCE, FL 34982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBERT STEIN 5409 S. INDIAN RIVER DR FT. PIERCE FL 34982 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **ROBERT E STEIN** **3/30/07** **772 465 9468**