

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000064499

1. Entity Name
STILLWATER CONSTRUCTION NF LLC



Principal Place of Business
28 KELLEY COURT
CRAWFORDVILLE, FL 32327

Mailing Address
28 KELLEY COURT
CRAWFORDVILLE, FL 32327

BK

FILED
07 SEP 13 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #
81 Council Moore Rd

3. Mailing Address
2606 Centennial Place

09132007 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.
Crawfordville FL

Suite, Apt. #, etc.
Tallahassee FL

4. FEI Number Applied For
Not Applicable

City & State
32327 Wakulla

City & State
32308 Leon

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MILLER, DERRICK C
28 KELLEY COURT
CRAWFORDVILLE, FL 32327

7. Name and Address of New Registered Agent
Name *Miller Derrick C*
Street Address (P.O. Box Number is Not Acceptable)
81 Council Moore Rd
Crawfordville
City **FL** Zip Code *32327*

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

BK

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, DERRICK C 28 KELLEY COURT CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Miller Derrick C 81 Council Moore Rd Crawfordville FL 32327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400109768984 09/21/07--01047--024 **\$50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *[Signature]* **09/13/07** **528-2239**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #