2007 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT #L06000064519 1. Entity Name



FILED Jan 12, 2007 8:00 am Secretary of State 01-12-2007 90028 007 ****50.00

STEPAN PROPERTY MANAGEMENT SERVICES, LLC								
Principal Place of Business 7132 TIMBERLAND CIRCLE #201 NAPLES, FL 34109		Mailing Address 7132 TIMBERLAND CIRCLE #201 NAPLES, FL 34109						
2. Principal Place of Business - No P.O. Box #		3 Mailing Address P.O. Box 771660						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01102007	Chg-LLC	CR2E083 (12/06)
City & State		Naples, FL			4. FEI Numb	5181098		Applied For Not Applicable
Zip	Country	34107	Count	iy		of Status Desired	S \$5.00 A	
	6. Name and Address of Current F	registered Agent Name			7. Name and Address of New Registered Agent			
3301 BONI SUITE 202				P.O. Box Number is Not Acceptable)				
BONITA SI	PRINGS, FL 34134	City					FL Zip Co	de
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 Synthetization and named options applicable to assess to the large charge along a trade option of a state of the state option of a state option o								
	ling Fee is \$50.00 ue by May 1, 2007					check payable to Department of Sta		
9.	MANAGING MEMBER	I. RS/MANAGERS	10.			ADDITIONS/	CHANGES	
THILE F.AME STREET ALURESS CHY ST ZIP	MGR STEPAN. WILLIAM 7132 TIMBERLAND CIRCLE, #20 NAPLES, FL 34109	Delete	HILE LAME STRE	ì		,======================================	☐ Change	Addition
TITLE NAME STREET ALBURESS CIEV ST ZIP		☐ Delete	1	i i			☐ Change	☐ Addition
TITLE FLAME STREET ACCINESS CITY ST ZIP		☐ Delete	TITLE NAME STREE	:			☐ Change	Addition
TITLE FAME STREET ADDRESS CITY ST ZIP		☐ Deliste	JIFLE RAME STREE				☐ Change	Addition
TITLE F.AME STREET ADDRESS CITY ST ZIP		Delete					Change	Addition
TITLE NAME Street Address City St 2IP		☐ Delicte					☐ Change	☐ Addition
indicated	certify that the information supplied with on this report is true and accurate and bility company or the receiver or trustee	that my signature shall h	have the same	e legal effect as if rr	nade under oat	h; that Lam a manag	rther certify that the in ing member or mana	formation ger of the