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04/30/2007 20:15 5618427398 DAVID KUHARCIK

FILED
Jul 13, 2007 8:00 am
Secretary of State
05-03-2007 90255 030 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/3/

DOCUMENT # L06000086755

1. Entity Name
STAGELITES, L.L.C.

30011701

Principal Place of Business	Mailing Address
4521 PGA BLVD. #406 PALM BEACH GARDENS, FL 33418 US	4521 PGA BLVD. #406 PALM BEACH GARDENS, FL 33418 US
3. Principal Place of Business - No P.O. Box #	4. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04/30/2007 Chg-LLC CR2E083 (12/06)

5. FEI Number — Applied For / Not Applicable

6. Certificate of Status Desired ☐ $5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

KUHARCIK, DAVID E CPA
533 NORTHLAKE BLVD.
#5
NORTH PALM BEACH, FL 33408

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

9. 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 ____________________

Filing Fee is $50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR ARNOLD, JUDY G 600 XANADU PLACE JUPITER, FL 33477	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ARNOLD, JUDY G 600 XANADU PLACE JUPITER, FL 33477	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Judy Arnold Judy Arnold 4/30/07 888-258-9103