2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000093861

1. Entity Name
STEWART CONSTRUCTION LLC

4010001

04302007   Chg-LLC   CR2E083 (12/06)

Principal Place of Business	Mailing Address
1647 NE 15TH TERR OCALA, FL 34470	1647 NE 15TH TERR OCALA, FL 34470

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1130 NE 12th St.	1130 NE 12th St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State OCALA, FL	City & State OCALA FL
Zip 34470 Country USA	Zip 34470 Country USA

4. FEI Number 20-5579514   □ Applied For   □ Not Applicable

5. Certificate of Status Desired   □   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STEWART, KEITH E 1647 NE 15TH TERR OCALA, FL 34470	Name
	Street Address (P.O. Box Number is Not Acceptable) 1130 NE 12th St.
	City OCALA FL Zip Code 34470

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 _Keith E Stewart_   _Manager_   4.30-07

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

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	MGR	□ Delete	TITLE	MGR	☑ Change	□ Addition
NAME	STEWART, KEITH E		NAME	STEWART, KEITH E		
STREET ADDRESS	1647 NE 15 TH TERR		STREET ADDRESS	1130 NE 12TH ST		
CITY-ST-ZIP	OCALA, FL 34470		CITY-ST-ZIP	OCALA, FL 34470		
TITLE		□ Delete	TITLE		□ Change	□ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		□ Delete	TITLE		□ Change	□ Addition
NAME			NAME			
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TITLE		□ Delete	TITLE		□ Change	□ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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: _Keith E Stewart_   4.30.07   352-390-7446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #