


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90020 035 ****50.00

DOCUMENT # L06000096428	
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1. Entity Name
STONE CREST RETAIL CENTER, LLC

Principal Place of Business
**4522 EXECUTIVE DRIVE
SUITE 103
NAPLES, FL 34119**

Mailing Address
**4522 EXECUTIVE DRIVE
SUITE 103
NAPLES, FL 34119**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

20-5801116

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARTLEY REALTY SERVICES
4522 EXECUTIVE DRIVE
SUITE 103
NAPLES, FL 34119**

7. Name and Address of New Registered Agent

Name
Bartley, David R. Sr.

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

4522 Executive Drive

Suite 103

City
Naples

FL

Zip Code
34119

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

Signature, typed or printed name of registered agent and title, if applicable

David R. Bartley, Sr.

1/12/07

(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

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BARTLEY, DAVID R SR.	
STREET ADDRESS	4522 EXECUTIVE DRIVE	
CITY-ST-ZIP	NAPLES, FL 34119	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BARTLEY, MARINDA	
STREET ADDRESS	4522 EXECUTIVE DRIVE STE 103	
CITY-ST-ZIP	NAPLES, FL 34119	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

David R. Bartley, Sr.

Date

1/12/07

Daytime Phone #

(239) 596-1181