2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008
Secretary of State

DOCUMENT# L06000117261

Entity Name: STOUTENBURG HOLDINGS, LLC

Current Principal Place of Business:

4005 WOODS POINTE WAY
VALRICO, FL 33594

New Principal Place of Business:

4005 WOODS POINTE WAY
VALRICO, FL 33596

Current Mailing Address:

4005 WOODS POINTE WAY
VALRICO, FL 33594

New Mailing Address:

4005 WOODS POINTE WAY
VALRICO, FL 33596

FEI Number: 20-8074438 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LASMAN, JEFFREY M ESQ.
C/O LASMAN LAW FIRM, P.A.
6152 DELANCEY STATION STREET
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: STOUTENBURG, ARTHUR L
Address: 4005 WOODS POINTE WAY
City-St-Zip: VALRICO, FL 33594

Title: MGRM ( ) Delete
Name: STOUTENBURG, SHARON S
Address: 4005 WOODS POINTE WAY
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: STOUTENBURG, ARTHUR L
Address: 4005 WOODS POINTE WAY
City-St-Zip: VALRICO, FL 33596

Title: MGRM (X) Change ( ) Addition
Name: STOUTENBURG, SHARON S
Address: 4005 WOODS POINTE WAY
City-St-Zip: VALRICO, FL 33596

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ART STOUTENBURG MGRM 04/17/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date