


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000117851</b> 1. Entity Name STUART AVENUE PROPERTIES, LLC	
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Principal Place of Business 100 SW ALBANY AVE. SUITE 110 STUART, FL 34994	Mailing Address 100 SW ALBANY AVE. SUITE 110 STUART, FL 34994
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DO NOT WRITE IN THIS SPACE



04292008No Chg-LLC      CR2E083 (12/07)

4. FEI Number 20-8027324	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

SCHAFFER, MARTIN S  
100 SW ALBANY AVE.  
SUITE 110  
STUART, FL 34994

DO NOT WRITE  
IN THIS SPACE

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

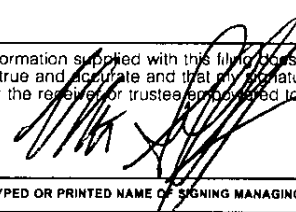
FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75

U00000944331  
05/29/08-80097-004 138.75


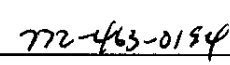
9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	SCHAFFER, MARTIN S
STREET ADDRESS	100 SW ALBANY AVE., STE 110
CITY-ST-ZIP	STUART, FL 34994
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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, OR AUTHORIZED REPRESENTATIVE

        
 Date      Daytime Phone #