2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT #1 07000035918

FILED Jun 23, 2008 8:00 am Secretary of State 04-15-2008 90116 003 ***138.75

1. Entity Name	STMENTS, LLC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				04-13-2	008 9011	0 003	138.73
Principal Place of Business 600 FIFTH AVENUE SOUTH SUITE 207 NAPLES, FL 34102		Mailing Address 600 FIFTH AVENUE SOUTH SUITE 207 NAPLES, FL 34102			E IETUEN AN O	umi kaan aam bark eesii	Better was away		3755
2. Principal Place of Business - No P.O. Box #		J. Mailing Address							
Suite, Apt. 4, etc.		Suite, Apt. #, etc.		03202008	Chg-LLC	CR2E083 (12/08)			
City & State		City & State			4. FEI Number		Applied For Not Applicable		
Zip	Country	Zip Coun		itry	5. Certificate of Status Desired		\$5.00 Additional Fee Regulated		
	6. Name and Address of Current R	tegistered Agent		Name	7. Name and A	ddress of New R	egistered Age	ent	
BRUGGER									
600 FIFTH SUITE 207	AVENUE SOUTH	Street Address			(P.O. Box Number is Not Acceptable)				
NAPLES, F	FL 34102								
		<u> </u>		City			FL	Zip Code	
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. (NOTE: Registered Agent signature required when (einstaing) OATE									
	NOW!!! FEE !S \$138.75 1, 2008 Fee will be \$538.75					现在继续Florida	check pay Departmen	able to	
9. TITLE	MANAGING MEMBER	RS/MANAGERS	10.	·		ADDITIONS/		7 (1	
HAME	POHLMANN, HERBERT C JR.		NAM	E			L]] Change	Addition
CITY-ST-ZIP	600 FIFTH AVENUE SOUTH, SUI NAPLES, FL 34102	ITE 207		ET ADDRESS (-ST-ZIP					
TITLE NAME		☐ Delete	TITL MAN	•		-		Change	Addition
SIRREI ADDRESS			STR	TET ADDRESS 7-ST-ZIP					
TITLE		☐ Delete	IIIL	- 1		· _		Change	Addition
MAME STREET ADDRESS			STR	EET ADDRESS					İ
CITY-ST-ZEP			C TD	r-st-zip					
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IIITE		Delete	117L					Change	Addition
STREET ADDRESS			NAM STR	EET ADORESS]
CITY-S1-ZIP			CITY	r-ST-20P			·		
TITLE NAME		C Delete	TITL NAM] Change	Addition
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS !-S!-ZIP					
11. I heraby 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 ampowered contact this report as required by Chapter 608, Florida Statutes.									
l	H. 1 LC	- KAD		1	-	212 40	700	-26	2 /
SIGNAT	URE: JUDIO ON PRINTED HALE OF	P BIGINING MANAGING MEMBER, MAN	AGEIL OI	AUTHORIZED REPRESE	ENTATIVE	⊃\"⊇ \\n₽	C-Devis	re Phone 8	3.6000