FILED
Apr 28, 2008 8:00 am
Secretary of State

03-07-2008 90226 006 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000036736

1. Entity Name
STANLEY ENTERPRISES, LLC

Principal Place of Business	Mailing Address
2200 KINGS HIGHWAY, #3-L PORT CHARLOTTE, FL 33980	2200 KINGS HIGHWAY, #3-L PORT CHARLOTTE, FL 33980

30005133

02182008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		1035 SAN MATEO DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: PUNTA GORDA, FLORIDA	
Zip	Country	Zip: 33950	Country: CHARLOTTE

4. FEI Number: 37-1541595 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STANLEY, STEVEN P
1035 SAN MATEO DRIVE
PUNTA GORDA, FL 39950

7. Name and Address of New Registered Agent

Name: DEANNE R. BUONO
Street Address (P.O. Box Number is Not Acceptable): 1035 SAN MATEO DRIVE
City: PUNTA GORDA FL Zip Code: 33950

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] DEANNE R. BUONO 2/18/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STANLEY FAMILY MANAGEMENT CORPORATION 2200 KINGS HIGHWAY, #3-L PORT CHARLOTTE, FL 33980 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] DEANNE R. BUONO 2/18/08 (941) 637-7764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #