

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000037539

FILED
Jan 17, 2008
Secretary of State

Entity Name: JOE STANLEY LLC

Current Principal Place of Business:

505 HICKPOCHEE AVENUE
SUITE #1
LABELLE, FL 33935

Current Mailing Address:

590 CAPTAIN HENDRY DRIVE
LABELLE, FL 33935

New Principal Place of Business:

505 W. HICKPOOCHEE AVENUE
SUITE 200
LABELLE, FL 33935

New Mailing Address:

505 W. HICKPOOCHEE AVENUE
SUITE 200
LABELLE, FL 33935

FEI Number: 41-2234542

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STANLEY, JOSEPH M
590 CAPTAIN HENDRY DRIVE
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

STANLEY, JOSEPH M
505 W. HICKPOOCHEE AVE
SUITE 200
LABELLE, FL 33935 US

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: JOSEPH M. STANLEY

01/17/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR () Change (X) Addition
Name: STANLEY, JOSEPH M
Address: 505 W. HICKPOOCHEE AVE SUITE 200
City-St-Zip: LABELLE, FL 33935 US

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: JOSEPH M. STANLEY

MR

01/17/2008

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