

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000042449

FILED
Feb 21, 2008
Secretary of State

Entity Name: STEPHENS & MCCLURE PROPERTIES, LLC

Current Principal Place of Business:

9508 E. DR. M.L. KING JR. BLVD.
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

9508 E. DR. M.L. KING JR. BLVD.
TAMPA, FL 33610

New Mailing Address:

FEI Number: 20-8908352 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LANGFORD, E C ESQ.
1715 W. CLEVELAND STREET
TAMPA, FL FL33606 US

Name and Address of New Registered Agent:

LARRY, STEPHENS
9508 EAST M.L. KING BOULEVARD
TAMPA, FL 33610 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: LARRY STEPHENS

02/21/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STEPHENS, LARRY W
Address: 9508 E. DR. M.L. KING JR. BLVD.
City-St-Zip: TAMPA, FL 33610

Title: MGRM () Delete
Name: MCCLURE, LYNDIA
Address: 9508 E. DR. M.L. KING JR. BLVD.
City-St-Zip: TAMPA, FL 33610

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Change (X) Addition
Name: AL, WHITEHEAD
Address: 509 SOUTH LARRY CIRCLE
City-St-Zip: BRANDON, FL 33511

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: LARRY STEPHENS

MGR

02/21/2008

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