

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000042793

Entity Name: STEWART PROPERTIES, LLC

FILED  
Apr 16, 2009  
Secretary of State

**Current Principal Place of Business:**

225 NW ST. JAMES DRIVE  
PORT ST. LUCIE, FL 34983 US

**New Principal Place of Business:**

**Current Mailing Address:**

225 NW ST. JAMES DRIVE  
PORT ST. LUCIE, FL 34983 US

**New Mailing Address:**

FEI Number: 26-2660676

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROBERT A. BURSON, P.A.  
900 EAST OCEAN BLVD.  
C-120  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MACHEN, ROBERT F  
Address: 538 SW BUTLER AVENUE  
City-St-Zip: PORT ST. LUCIE, FL 34983 US

Title: MGRM ( ) Delete  
Name: MACHEN, WENDY S  
Address: 538 SW BUTLER AVENUE  
City-St-Zip: PORT ST. LUCIE, FL 34983 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MACHEN, ROBERT F  
Address: 1672 SE PLEASANTVIEW STREET  
City-St-Zip: PORT ST. LUCIE, FL 34983 US

Title: MGRM (X) Change ( ) Addition  
Name: MACHEN, WENDY S  
Address: 1672 SE PLEASANTVIEW STREET  
City-St-Zip: PORT ST. LUCIE, FL 34983 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: WENDY S MACHEN

MGRM

04/16/2009

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