


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90078 040 \*\*\*138.75

<b>DOCUMENT # L07000055777</b>	
1. Entity Name <b>STW PROPERTY HOLDINGS LLC</b>	

Principal Place of Business <b>111 FIRST STREET NORTH DUNDEE, FL 33838</b>	Mailing Address <b>PO BOX 1739 DUNDEE, FL 33838</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>P.O. Box 1804</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Dundee, FL</b>	
Zip	Country	Zip <b>33838</b>	Country <b>POLK</b>

**60008985**



02042008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>26-0232737</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>MARONE, JON F 111 FIRST STREET NORTH DUNDEE, FL 33838</b>		7. Name and Address of New Registered Agent Name <b>Bishop, Francis R. II</b> Street Address (P.O. Box Number is Not Acceptable) <b>111 First Street North</b> City <b>Dundee</b> FL Zip Code <b>33838</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM STATEWIDE HARVESTING &amp; HAULING LLC 300 S.R. 17 SOUTH LAKE HAMILTON, FL 33851</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM Statewide Harvesting &amp; Hauling LLC 111 N. First Street Dundee, FL 33838-1804</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Francis R. Bishop II 02-04-08 863/439-4225  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #