

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000056864

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: STEWART & ASSOCIATES LLC

**Current Principal Place of Business:**

27615 US HWY 27, STE. 112-147  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

27615 US HWY 27, STE. 112-147  
LEESBURG, FL 34748

**New Mailing Address:**

FEI Number: 26-0429614

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SMALL BUSINESS RESOURCES USA, INC.  
773 S. KIRKMAN RD., STE 118  
ORLANDO, FL 32811 US

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

SMALL BUSINESS RESOURCES USA, INC.  
1601 PARK CENTER DRIVE  
SUITE 6A  
ORLANDO, FL 32835 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: JAMES K. DUERR, CPA

04/28/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: STEWART, ELAINE  
Address: 27615 US HWY 27, STE. 112-147  
City-St-Zip: LEESBURG, FL 34748

Title: MGRM ( ) Delete  
Name: STEWART, WILLIAM  
Address: 27615 US HWY 27, STE. 112-147  
City-St-Zip: LEESBURG, FL 34748

**ADDITIONS/CHANGES:**

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

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

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: ELAINE STEWART

MGRM

04/28/2008

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