

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000089511

Entity Name: FERRER STOCK, LLC

FILED
Jan 11, 2008
Secretary of State

Current Principal Place of Business:

9062 WHIMBREL WATCH LANE SUITE 202
NAPPLES, FL 34109 US

New Principal Place of Business:

9062 WHIMBREL WATCH LANE
SUITE 202
NAPPLES, FL 34109 US

Current Mailing Address:

9062 WHIMBREL WATCH LANE SUITE 202
NAPPLES, FL 34109 US

New Mailing Address:

9062 WHIMBREL WATCH LANE
SUITE 202
NAPPLES, FL 34109 US

FEI Number: 26-0826719

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERRER, ORLANDO J
9062 WHIMBREL WATCH LANE SUITE 202
NAPPLES, FL 34109 US

Name and Address of New Registered Agent:

FERRER, ORLANDO J
9062 WHIMBREL WATCH LANE
SUITE 202
NAPPLES, FL 34109 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:

01/11/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FERRER, ORLANDO J
Address: 9062 WHIMBREL WATCH LANE SUITE 202
City-St-Zip: NAPPLES, FL 34109 US

Title: MGRM () Delete
Name: FERRER, SUSAN
Address: 9062 WHIMBREL WATCH LANE SUITE 202
City-St-Zip: NAPPLES, FL 34109 US

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: ORLANDO J FERRER

MGRM

01/11/2008

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