

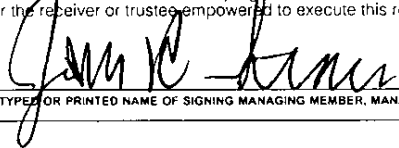


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90072 016 \*\*\*138.75

<b>DOCUMENT # L07000115287</b> 1. Entity Name <b>STONER RETIREMENT, LLC</b>																	
Principal Place of Business <b>700 CENTRAL AVENUE, STE. 301 ST PETERSBURG, FL 33701</b>			Mailing Address <b>700 CENTRAL AVENUE, STE. 301 ST PETERSBURG, FL 33701</b>														
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.															
City & State  Zip      Country		City & State  Zip      Country		01042008    Chg-LLC    CR2E083 (12/06)													
4. FEI Number <b>26-1439255</b>				Applied For <input checked="" type="checkbox"/> Not Applicable													
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent  <b>STONER, JOHN R 700 CENTRAL AVENUE, STE. 301 ST PETERSBURG, FL 33701</b>													
7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>													
<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>		9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:50%;">MGR</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STONER, JOHN R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>700 CENTRAL AVENUE, STE. 301</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ST PETERSBURG, FL 33701</td> <td></td> </tr> </table>		TITLE	MGR	<input type="checkbox"/> Delete	NAME	STONER, JOHN R		STREET ADDRESS	700 CENTRAL AVENUE, STE. 301		CITY-ST-ZIP	ST PETERSBURG, FL 33701	
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NAME	STONER, JOHN R																
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CITY-ST-ZIP	ST PETERSBURG, FL 33701																
10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:50%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			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.			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition															
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
<b>SIGNATURE:</b> 		1/22/08    727 8238331		Date      Daytime Phone #													