

## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L07000117580</b> 1. Entity Name <b>STOCKOWNER, LLC</b>					
Principal Place of Business <b>424 E CENTRAL BLVD</b> <b># 106</b> <b>ORLANDO, FL 32801 US</b>			Mailing Address <b>424 E CENTRAL BLVD</b> <b># 106</b> <b>ORLANDO, FL 32801 US</b>		
2. Principal Place of Business - No P.O. Box # <b>11850 DR. MLK ST.</b> Suite, Apt. #, etc.		3. Mailing Address <b>11850 DR. MLK ST.</b> Suite, Apt. #, etc.			
City & State <b>ST. PETERSBURG, FL</b>		City & State <b>ST. PETERSBURG, FL</b>			
Zip <b>33716</b>	Country <b>U.S.A.</b>	Zip <b>33716</b>	Country <b>U.S.A.</b>	4. FEI Number 02262008    Chg-LLC    CR2E083 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input checked="" type="checkbox"/> Not Applied	
6. Name and Address of Current Registered Agent  <b>IMWORLD SERVICES, INC.</b> <b>424 E CENTRAL BLVD</b> <b># 106</b> <b>ORLANDO, FL 32801</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>RAC, ROBERT</b> <b>PRASKA U 8</b> <b>SUBOTICA, SERBIA, SE 24000</b> <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Add</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Add</div>	
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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: <u>Rac Robert</u>			Date: <u>2008.03.05</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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