## FILED Mar 05, 2008 8:00 am Secretary of State

ANNUAL REPORT	•
DOCUMENT #1 07000117760	

	ANNUAL	. KEPOKI			SC	ciciai	y or Stat	·C
DOCUMENT # L07000117760  1. Entity Name STUART HOUSING DEVELOPMENT COMPANY, LLC				03	-05-2008 9020	08 043 ***143.75	5	
Principal Place of Business 611 CHURCH ST STUART, FL 34994		Mailing Address 611 CHURCH ST STUART, FL 34994		60012706				
510/4(1, 12		Jionii, ie 57507			i izeližk si) as	net 1986 daen seek 98a		98) MI (88)
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03032008	Chg-LLC	CR2E083 (12/06)		
City & State		City & State		4. FEI Number 26–1498	448		plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate of	Status Desired	\$5.00 Add Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New Re	egistered Agent	
BURGER	MARIA A		l N	lame				
BURGER, MARIA A 611 CHURCH ST STUART, FL 34994			S	Street Address (P.O. Box Number is Not Acceptable)				
•			C	ity		<del></del>	FL Zip Code	·
8. The above	named entity submits this statement for	or the purpose of changing its	registered of	ffice or registere	ed agent, or both,	in the State of Flor		and accept
the obligat	ions of registered agent.							
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Age	nt signature required	when reinstating)		DATE	en Erberte priit
FILE After May	NOWIII FEE IS \$138.75 7 1, 2008 Fee will be \$538.75	5				Make Florida	rdieck pryside (ô Department of Stat	, ' . <b>1</b>
9.	MANAGING MEMBI		10.			ADDITION\$/		
title . Name	MGR BURGER, MARIA A	Delete	TITLE	-			☐ Change	Addition
STREET ADDRESS	611 CHURCH ST		STREET AD	DORESS			,	
CITY-ST-ZIP	STUART, FL 34994	·	CITY-ST-Z	ZIP			·	
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET AD CITY-ST-2	,				
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS			NAME STREET AD	ORFSS	-		_	
CITY-ST-ZIP		·	CITY-ST-Z					
TITLE		☐ Delete	TITLE	-			☐ Change	☐ Addition
NAME STREET ADDRESS			name Street ad	IORESS				.
CITY-ST-ZIP			CITY-ST-Z	-				ŀ
TITLE .		☐ Delete	TITLE				☐ Change	☐ Addition
NAME PERFECT ADDRESS			NAME	parea				
STREET ADDRESS CITY-ST-ZIP			STREET AD					
TITLE		Delete	TITLE			<u> </u>	☐ Change	. Addition
NAME		The facility	NAME	1.			_ 0.2.90	
STREET ADDRESS			STREET AD					
CITY-ST-ZIP		4.1.19	CITY-ST-Z					
indicated	certify that the information supplied with on this report is true and accurate and bility company or the receiver or truste	that my signature shall have t	the same leg	al effect as if m	ade under oath; t	hat I am a managi	riner certify that the info ing member or manage	r of the

Maria A. Burger - MGR 03-03-2008 772-287-0496

ER MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Description Phone #