2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000108090

Entity Name: STUKMOM, L.L.C.

City-St-Zip:

MELBOURNE BEACH, FL 32951

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 306 ISLAND DRIVE MELBOURNE BEACH, FL 32951 **Current Mailing Address: New Mailing Address:** P O BOX 510765 306 ISLAND DRIVE MELBOURNE BEACH, FL 32951 MELBOURNE BEACH, FL 32951 FEI Number: 26-4108621 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COLLEGE PARK ACCOUNTING 3709 E COLONIAL DRIVE ORLANDO, FL 32803 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: **PRES** () Delete Title: () Change () Addition DUPUIS, VIRGINIA A Name: Name: Address: 807 E HARVEST DRIVE Address: City-St-Zip: MT. PLEASANT, IA 52641 City-St-Zip: Title: () Delete Title: () Change () Addition STIMPSON, PAMELA A Name: Name: Address: 5190 PALM DRIVE Address: City-St-Zip: MEBOURNE BEACH, FL 32951 City-St-Zip: Title: () Delete Title: () Change () Addition STEWART, KATHERINE J Name: Name: 306 ISLAND DRIVE Address: Address:

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.

City-St-Zip:

SIGNATURE: KATHERINE STEWART VP 04/30/2009