

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 A
Secretary of State

DOCUMENT # L98000001314

1. Entity Name
STILLWATER REALTY L.L.C.



Principal Place of Business
**7799 STILL LAKES DRIVE
ODESSA, FL 33556**

Mailing Address
**4052 WHITTNER DRIVE
LAND O LAKES, FL 34639**



04082007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3526844

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHAFFER, JOYCE C
4052 WHITTNER DRIVE
LAND O LAKES, FL 34639**

**DO NOT WRITE
IN THIS SPACE**

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

Joyce C Schaffer *Joyce C Schaffer* *4-9-07*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SCHAFFER, JOYCE C
4052 WHITTNER DRIVE
LAND O LAKES, FL 34639**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**M
LUTTRELL, D. SCOTT
15310 AMBERLY DR., #220
TAMPA, FL 33647**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**M
FECHTEL, V. JAY
3038 W. BEARSS AVE.
TAMPA, FL 33618**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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04/24/07-80029-001 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

Joyce C Schaffer *Joyce C Schaffer* *4-9-07* *813-417-7770*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #