

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000000399

1. Entity Name
STRATFORD MANAGEMENT GROUP LLC



Principal Place of Business

630 MAPLEWOOD DRIVE
100
JUPITER, FL 33458

Mailing Address

630 MAPLEWOOD DRIVE
100
JUPITER, FL 33458

FILED
Apr 17, 2007 08:00 AM
Secretary of State



04142007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

31-1566363

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, WILLIAM E
630 MAPLEWOOD DRIVE
100
JUPITER, FL 33458

**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

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**

U000000713031
04/26/07-80074-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SOLOMON, JOHN C II
630 MAPLEWOOD DRIVE, #100
JUPITER, FL 33458

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GRAZIOTTO, RAYMOND E
630 MAPLEWOOD DRIVE, #100
JUPITER, FL 33458

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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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: *William E. Taylor* William E. Taylor CFO

4-16-07

561-625-9443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #