

**2008 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 23, 2008 08:00 AM
Secretary of State



02252008No Chg-LLC

CR2E083 (12/07)

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

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

**DO NOT WRITE
IN THIS SPACE**

000000915808
05/12/08-80003-004 138.75

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 CPO

4-17-08

561-625-9443

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

Date

Daytime Phone #