

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # M06000001203

1. Entity Name
STUART TOWNE CENTER I, LLC



Principal Place of Business
**2525 BELL ROAD
MONTGOMERY, AL 36117**

Mailing Address
**2525 BELL ROAD
MONTGOMERY, AL 36117**



03142007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3202607

Applied For
Not Applicable

5. Certificate of Status Desired ☒

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**AIELLO, JOHN
1001 NORTH US HIGHWAY 1, SUITE 402
JUPITER, FL 33477**

**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 reinstalling)

DATE

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

U00000669826

03/27/07-80087-017 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	TROTMAN, CHARLES R
STREET ADDRESS	2525 BELL ROAD
CITY-ST-ZIP	MONTGOMERY, AL 36117
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	

**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: Charles R. Trotman *Charles R. Trotman*

3-14-07

(334) 270-2727

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

Date

Daytime Phone #