


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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	

FILED
Jul 15, 2008 08:00 AM
 Secretary of State



07102008No Chg-LLC CR2E083 (12/07)

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4. FEI Number 20-3202607	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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

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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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

000000954957
 07/15/08-80005-008 143.75

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	

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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 Charles R. Trotman 7-10-08 (334) 270-2727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #