


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M99000000205</b>	
1. Entity Name <b>STANFORD LIMITED L.C.</b>	

Principal Place of Business <b>2725 N. VIRGINIA RD. CRYSTAL RIVER, FL 34428</b>	Mailing Address <b>2725 N. VIRGINIA RD CRYSTAL RIVER, FL 34428</b>
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02132006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>34-1859446</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>FOSTER, CAROL D 2725 N. VIRGINIA ROAD CRYSTAL RIVER, FL 34428</b>
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**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 file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

1100000438606  
03/01/06-80012-016 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STANFORD-GASPARD, DOROTHY E 4937 JODY LYNN DR MENTOR, OH 440601314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOSTER, CAROL D 2725 N. VIRGINIA ROAD CRYSTAL RIVER, FL 34428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOSTER, WILLIAM T 2725 N. VIRGINIA ROAD CRYSTAL RIVER, FL 34428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:** Carol D. Foster Carol D. Foster 2/16/06 352 563-2114  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #