

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # M99000000205

1. Entity Name
STANFORD LIMITED L.C.



Principal Place of Business
2725 N. VIRGINIA RD.
CRYSTAL RIVER, FL 34428

Mailing Address
2725 N. VIRGINIA RD
CRYSTAL RIVER, FL 34428



01042008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1859446

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

FOSTER, CAROL D
2725 N. VIRGINIA ROAD
CRYSTAL RIVER, FL 34428

**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 STANFORD-GASPARD, DOROTHY E
STREET ADDRESS 2725 N. VIRGINIA RD.
CITY-ST-ZIP CRYSTAL RIVER, FL 34428

TITLE MGRM
NAME FOSTER, CAROL D
STREET ADDRESS 2725 N. VIRGINIA ROAD
CITY-ST-ZIP CRYSTAL RIVER, FL 34428

TITLE MGRM
NAME FOSTER, WILLIAM T
STREET ADDRESS 2725 N. VIRGINIA ROAD
CITY-ST-ZIP CRYSTAL RIVER, FL 34428

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

000000827975
02/22/08-80012-002 138.75

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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:

Carol D. Foster

2/13/08 352-563-2114

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

Date

Daytime Phone #