

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001633

**FILED**  
**Mar 07, 2005**  
**Secretary of State**

**Entity Name:** STEMBLER MANAGEMENT COMPANY, LLC

**Current Principal Place of Business:**

2999 PIEDMONT ROAD, 2ND FLOOR  
ATLANTA, GA 30305

**New Principal Place of Business:**

**Current Mailing Address:**

500 SEA ISLAND ROAD  
ST SIMONS ISLAND, GA 31522

**New Mailing Address:**

FEI Number: 58-2470471

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: STEMBLER, JOHN H JR  
Address: 977 CARTER DRIVE NE  
City-St-Zip: ATLANTA, GA 30319

Title: MGRM ( ) Delete  
Name: STEMBLER, WILLIAM J  
Address: 500 SEA ISLAND ROAD  
City-St-Zip: ST SIMONS ISLAND, GA 31522

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DENNIS P MERTON

AGNT

03/07/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date