

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000121553 1. Entity Name STONETWORKS PROPERTIES, LLC	
--	---

Principal Place of Business 2862 SHERWOOD DRIVE NAVARRE, FL 32566	Mailing Address 2862 SHERWOOD DRIVE NAVARRE, FL 32566
---	---



02252008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0579058	Applied For ☐ Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent SHORTEN, LAWRENCE J 2862 SHERWOOD DRIVE NAVARRE, FL 32566	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 of individual named as registered agent and its representative

NOTE: Registered Agent signature required when retreating.

DATE

**FILE NOW!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

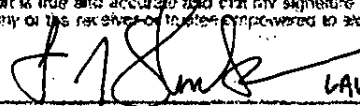
000000906700
05/05/08-80008-024. 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHORTEN, LAWRENCE J 13409 GLEN TAYLOR LANE HERNDON, VA 20171
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHORTEN, CLARENCE E 2862 SHERWOOD DR. NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHORTEN, MICAELA E 2862 SHERWOOD DR. NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHORTEN, MELINDA A 2818 SHERWOOD DR NAVARRE, FL 32566
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 118, 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 accurate this report as required by Chapter 605, Florida Statutes.

SIGNATURE:



LAWRENCE J. SHORTEN

16 Apr 08

103-8008 789-3153

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

Date

Original Form 1