


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90013 024 \*\*\*\*50.00

<b>DOCUMENT # M02000002404</b> 1. Entity Name <b>STONE RIDGE INVESTMENTS, L.L.C.</b>			
Principal Place of Business 401 N. 3RD ST. MONROE LA 71201		Mailing Address 401 N. 3RD ST. MONROE LA 71201	
2. Principal Place of Business 401 No. 3rd. St Suite, Apt. #, etc. <b>MONROE</b> City & State <b>LOUISIANA</b> Zip <b>71201</b>		3. Mailing Address 401 No. 3rd St. Suite, Apt. #, etc. <b>MONROE, La.</b> City & State <b>LOUISIANA</b> Zip <b>71201</b>	
4. FEI Number <b>72-1452893</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>PENDER, WAYNE M</b> <b>3205 BARRANCAS ST.</b> <b>PENSACOLA FL 32507-3508</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <u>Wayne M. Pender</u> DATE <u>3/17/06</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when necessary)</small>			
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State.</b> <b>Due By May 1, 2006</b>			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PENDER, WAYNE M 401 N. 3RD ST. MONROE LA 71201	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PENDER, LINDA B 217 BREARD ST. MONROE LA 71201	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Wayne M. Pender</u>		DATE: <u>4/3/06</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	