

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P05000153330</b> 1. Entity Name JIK STONEGATE GP, INC.	
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Principal Place of Business 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016-5897	Mailing Address 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016-5897
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**DO NOT WRITE IN THIS SPACE**



04262007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3810501	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

RODRIGUEZ, CHRISTY  
7900 MIAMI LAKES DRIVE WEST  
MIAMI LAKES, FL 33016-5897

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000742919  
05/15/07 00007 023 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KISLAK, JAY I 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 330165897
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTELMO, THOMAS 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 330165897
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BARTELMO, THOMAS 7900 MIAMI LAKES DR W HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRAUN, STEPHEN 7900 MIAMI LAKES DR W HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS RODRIGUEZ, CHRISTY 7900 MIAMI LAKES DR W HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUBOW, CHERYL 7900 MIAMI LAKES DR W HIALEAH, FL 33016

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IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Stephen Braun 4/26/07 (305)364-4103  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Stephen Braun, VP