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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000061605			
1. Entity Name STONE VALLEY, L.L.C.			
Principal Place of Business 4864 NEW BROAD STREET ORLANDO, FL 32814 US		Mailing Address 4864 NEW BROAD STREET ORLANDO, FL 32814 US	
2. Principal Place of Business		3. Mailing Address	
Sutrs. Act. #, etc.		Sutrs. Act. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number 20-3107714		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.00		Additional Fee Required	
6. Name and Address of Current Registered Agent GOSAI, MOHANLAL 4885 WALDEN CIRCLE ORLANDO, FL 32811		7. Name and Address of New Registered Agent Name DAHEEBEN GOSAI Street Address (P.O. Box Number is Not Acceptable) 4885 WALDEN CIRCLE City ORLANDO FL 32811	
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 D. M. Gosai DAHEEBEN GOSAI 05/01/06 Signature, typed or printed name of registered agent, and date of application. (NOTE: Registered Agent signature required when filing/adding)			
Filing Fee to \$50.00 Due by May 1, 2006		Mark change checked to REGISTER CHANGE INFORMATION	
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOSAI, MOHANLAL 4885 WALDEN CIRCLE ORLANDO, FL 32811	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAHEEBEN GOSAI 4885 WALDEN CIR ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOSAI, UMESH 4885 WALDEN CIRCLE ORLANDO, FL 32811	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	KAUSHIK GOSAI 4885 WALDEN CIR. ORLANDO, FL 32811
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
10. ADDITIONS/CHANGES			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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 606, Florida Statutes. SIGNATURE: UMESH GOSAI 05/01/06 4078989463 Signature, typed or printed name of signing managing member, manager, or authorized representative			