
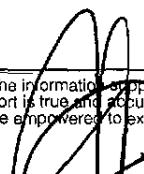


FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # A95000001830 1. Entity Name STONYBROOK ESTATES, LTD.		Secretary of State 	
Principal Place of Business 7227 CLINT MOORE ROAD BOCA RATON, FL 33496		Mailing Address 7227 CLINT MOORE ROAD BOCA RATON, FL 33496	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		01192005 Chg-LP CR2E003 (10/03)	
		4. FEI Number 65-0623166	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LEVINE, JEFFERY A 4000 NORTH FEDERAL HIGHWAY STE 201 BOCA RATON, FL 33431		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record. \$4,406,755.00		10. Amount of Capital Contributions in FLORIDA to date. 2899 103.	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P95000090197		
NAME	STONYBROOK ESTATES, INC.		
STREET ADDRESS	7227 CLINT MOORE ROAD	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33496	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
14. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes			
SIGNATURE: 		J. V. Quail 4/07/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	