


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A95000001830		
1. Entity Name STONYBROOK ESTATES, LTD.		

Principal Place of Business 7227 CLINT MOORE ROAD BOCA RATON, FL 33496	Mailing Address 7227 CLINT MOORE ROAD BOCA RATON, FL 33496
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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FILED
07 MAY 18 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03222007 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0623166	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

LEVINE, JEFFERY A
4000 NORTH FEDERAL HIGHWAY
STE 201
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name LEVINE, JEFFERY A
Street Address (P.O. Box Number is Not Acceptable) 6751 N. Federal Highway
Suite 301
City Boca Raton FL Zip Code 33487

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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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	STREET ADDRESS	300103612869
NAME	STONYBROOK ESTATES, INC.	CITY-ST-ZIP	05/31/07--01035--021 **500.00
STREET ADDRESS	7227 CLINT MOORE ROAD		
CITY-ST-ZIP	BOCA RATON, FL 33496		
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STREET ADDRESS			
CITY-ST-ZIP			

14. 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 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

STAPLE CHECK HERE