


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 14 AM 9:51

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02042008 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 <u>NAME</u> Street Address (P.O. Box Number is Not Acceptable) <u>6751 N. Federal Highway-Suite 302</u> <u>Boca Raton</u> <u>FL</u> <u>33487</u>

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>[Signature]</u> <small>Signature typed or printed name of registered agent and title if applicable.</small>	DATE <u>3/24/08</u>
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FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 # NAME STREET ADDRESS CITY-ST-ZIP	P95000090197 STONYBROOK ESTATES, INC. 7227 CLINT MOORE ROAD BOCA RATON, FL 33496	STREET ADDRESS	
		CITY-ST-ZIP	
			<u>100123068651</u>
			<u>04/11/08--01046--011 **500.00</u>

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

SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	Date <u>3/20/08</u>	Daytime Phone # <u>564-489-0701</u>
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STAPLE CHECK HERE