

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90187 009 ****50.00

DOCUMENT # L00000005056

1. Entity Name
REGENCY AT STONEBROOK ESTATES, L.C.



Principal Place of Business
**2840 UNIVERSITY DR.
CORAL SPRINGS, FL 33065**

Mailing Address
**2840 UNIVERSITY DR.
CORAL SPRINGS, FL 33065**

DO NOT WRITE IN THIS SPACE



01292007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
65-1015639

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GILLESPIE, R. BOWEN III ESQ
GILLESPIE & ALLISON, P.A.
1515 SOUTH FEDERAL HIGHWAY, SUITE 300
BOCA RATON, FL 33432**

**DO NOT WRITE
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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LEVINE, DAVID 2840 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MARTZ ENTERPRISES, INC. PROFIT SHARING PLA 2840 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/31/07

Date

9547551775

Daytime Phone #