


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000010448</b> 1. Entity Name <b>STONEBROOK MANAGEMENT, L.L.C.</b>	
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Principal Place of Business <b>3200 COBBLESTONE DR PACE, FL 32571</b>	Mailing Address <b>3200 COBBLESTONE DR PACE, FL 32571</b>
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03172004 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3670666</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>COOK, HIRAM J JR 3200 COBBLESTONE DR PACE, FL 32571</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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:  **HIRAM J. COOK JR** **3/19/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

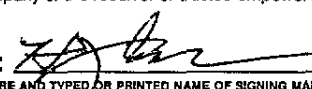
**Filing Fee is \$50.00  
Due by May 1, 2004**

**U000000096469  
03/25/04-80031-005 50.00**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COOK, HIRAM J JR 2871 GREYSTONE DRIVE PACE, FL 32571
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DANIELS, CHARLES E 3142 BOBBY JONES DRIVE PACE, FL 32571
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **HIRAM J. COOK JR** **3/19/04** **850-994-7171**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #