## 2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** L00000010877 1. Entity Name STONEWOOD GAINESVILLE, L.L.C. Principal Place of Business Mailing Address 3812 NEWBERRY RD 3812 NEWBERRY RD GAINESVILLE FL 32607

2. Principal Place of Business

Country

140 SOUTH ATLANTIC AVENUE, SUITE 300

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

SULLIVAN, DOUGLAS E

ORMOND BEACH FL 32176

6. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

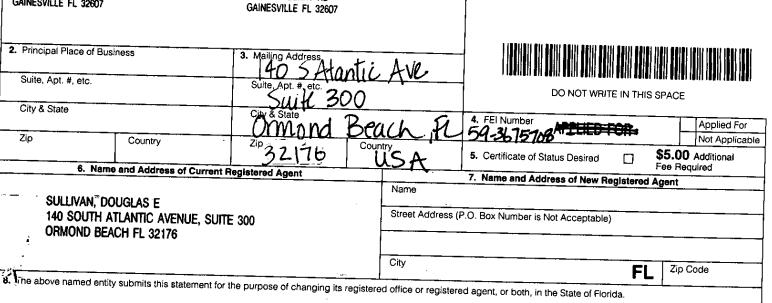
City & State

Zip

GAINESVILLE FL 32607

## Apr 30, 2002 8:00 am Secretary of State

04-30-2002 90119 020 \*\*\*\*50.00



DATE

Daytime Phone #

CR2E083 (9/01)

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE **MGRM** Delete TITLE NAME Change ☐ Addition STONEWOOD RESTAURANT GROUP NAME STREET ADDRESS 140 S. ATLANTIC AVE. SUITE 300 STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL 32176 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CJTY-ST-ZIP C!TY-ST-ZIP ☐ Delete TITLE NAME ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP TITLE ☐ Delete TITLE Change NAME Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change NAME Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-21P CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 cath; 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.

DOUG CASY

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

Name

City

(NOTE: Registered Agent signature required when reinstating)