## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 07, 2005 08:00 AM Secretary of State

| ANNOAL ILLI OILI   |   |   |  | Secretary of State                            |   |
|--|---|---|--|---|---|
| 1. Entity Nam  | MENT # L000000140<br>DINGS, LLC   | 078   |  |   | Cretary or Stat                             |
| SUITE 610  | e of Business<br>DY CAUSEWAY<br>VILLAGE, FL 33141   | Mailing Address<br>1666 KENNEDY CAUSEWAY<br>SUITE 610<br>NORTH BAY VILLAGE, FL 3314 | 41   |   |   |
| DO NOT WRITE IN THIS SPACE   |   |   | CE   | 01052005 No Chg-LLC  4. FEI Number 65-1064829 | CR2E083 (10/03)  Applied For Not Applicable |
|  |   |   | ·  | 5. Certificate of Status Desired              | \$5.00 Additional Fee Required              |
|  | 6. Name and Address of Current R  | 100   |  |   |   |
| SIMS, BAMBI<br>1666 KENNEDY CAUSEWAY<br>SUITE 610<br>NORTH BAY VILLAGE, FL 33141 |   | DO NOT WRITE<br>IN THIS SPACE   |  |   |   |
|  | named entity submits this statement for ions of registered agent.                               |   |  | -   | Ida. I am familiar with, and accept         |
| Fi<br>D  | Signature, typed or printed name of registered agent an illing Fee is \$50.00 ue by May 1, 2005 | d tille if applicable (NOTE: Hagistore  | d Agant signature required   | when remstating)                              | ONE   |
| 9.   | MANAGING MEMBER   | S/MANAGERS  |  | 4.76  |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | MGR<br>THE STONE PROPERTIES INC<br>1666 KENNEDY CAUSEWAY #61<br>NORTH BAY VILLAGE, FL 33141     | 0   |  | J00000<br>03/07/05-                           | <u>=</u><br>1254950<br>180095-002 50.00     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |   | A value of the second of the s |   | me.   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |   | and the control of th | DO NOT W                                      | RITE  |
| TITLE NAME STREET ADDRESS  |   |   |  | IN THIS SP                                    | ACE   |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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!

CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

3/4/05

302818-2881

Daytime Phone #