


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90023 046 \*\*\*\*50.00

**DOCUMENT # L00000015922**

1. Entity Name  
**STONEGATE DENVER, L.L.C.**



Principal Place of Business  
**11500 EL CLAIR RANCH ROAD  
 BOYNTON BEACH, FL 33437**

Mailing Address  
**11500 EL CLAIR RANCH ROAD  
 BOYNTON BEACH, FL 33437**

**24064976**

2. Principal Place of Business  
**3483 Woolbright Rd.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**3483 Woolbright Rd.**  
 Suite, Apt. #, etc.



04262004 Chg-LLC CR2E083 (10/03)

City & State  
**Boynton Beach, FL**

City & State  
**Boynton Beach, FL**

Zip  
**33436** Country  
**USA**

Zip  
**33436** Country  
**USA**

4. FEI Number  
**65-1066561**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GREENBERG, LEONARD E  
 11500 EL CLAIR RANCH ROAD  
 BOYNTON BEACH, FL 33437**

**7. Name and Address of New Registered Agent**

Name  
**Greenberg, Leonard E.**

Street Address (P.O. Box Number is Not Acceptable)  
**3483 Woolbright Rd.**

City  
**Boynton Beach** FL Zip Code  
**33436**

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 *Leonard Greenberg, Leonard Greenberg, Manager* 4/27/04  
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**

**Make check payable to  
 Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR	NAME GREENBERG, LEONARD E	<input type="checkbox"/> Delete
STREET ADDRESS 11500 EL CLAIR RANCH ROAD	CITY-ST-ZIP BOYNTON BEACH, FL 33437	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

**10. ADDITIONS/CHANGES**

TITLE MGR	NAME Greenberg, Leonard E.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3483 Woolbright Rd.	CITY-ST-ZIP Boynton Beach, FL 33436	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	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), 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: *Leonard Greenberg, Leonard Greenberg, Manager* 4/27/04 561-737-5805  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #