


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
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24064976

2. Principal Place of Business 3483 Woolbright Rd.	3. Mailing Address 3483 Woolbright Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04262004 Chg-LLC CR2E083 (10/03)

City & State Boynton Beach, FL	City & State Boynton Beach, FL
Zip 33436	Zip 33436
Country USA	Country USA

4. FEI Number 65-1066561	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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	Zip Code FL 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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREENBERG, LEONARD E 11500 EL CLAIR RANCH ROAD BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Greenberg, Leonard E. 3483 Woolbright Rd. Boynton Beach, FL 33436 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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 #