## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0100008263

1. Entity Name

STONEWALL HOLDINGS, L.L.C.



## **FILED** Mar 05, 2003 8:00 am Secretary of State 03-05-2003 90298 008 \*\*\*\*50.00

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Principal Pla	ce of Busines	s	Mailing Address						200	1800	n ń		
	SPRINGS FL 3	2701		320 MAITLAND AVE. ALTAMONTE SPRINGS FL 32701			30040232						
2 Principal	Place of Busin												
		iess	3. Mailing Address			i							
Suite, Apt	#, etc.		Suite, Apt. #, etc.					CHE	CK HERE	IF MAKIN	G CHANGES	3	
City & State			City & State			<b>4.</b> F	FEI Number	59-	371907	5		applied For lot Applicable	
Zip		Zip	Zip Country			5. Certificate of Status Desired   \$5.00 Additional Fee Required							
	6. Name	and Address of Current	Registered Agent	<u></u>	هانتسایر	. c - : <del></del> 7, N	Name and A	ddress	of New R	egistered	•	-	
WE	BBER II, RIC	CHARD B											
	MAITLAND	AVE. Prings FL 32701				Street Address (P.O. Box Number is Not Acceptable)							
				•	City	·							
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the obligation	e named entity tions of regist	y submits this statement for ered agent.	r the purpose of changing its	register	ed office or reg	gistered age	ent, or both,	in the S	tate of Flo	rida. I am	familiar with	, and accept	
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable. {NOT	E: Registere	d Agent signature re	equired when rei	instating)			DATE		<del></del>	
			FEE IS \$50.							{			
			Make Check Payabl			tment or :	State					İ	
		-			ay 1, 2003								
9.	MGR	MANAGING MEMBE		10.		_		AD	DITIONS/	CHANGES	3		
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ть глегерус	errity that the	information eupolied with	this filing does not qualify for	the even	antion stated is	- 0 4 4 4	40.07/0\/\\	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 receiper or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Daytime Phone #