

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-13-2002 90096 022 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000009835

1. Entity Name
STONE GABLE, LLC

Principal Place of Business
2117 BLUR IRIS PLACE
LONGWOOD FL 32779

Mailing Address
2117 BLUR IRIS PLACE
LONGWOOD FL 32779

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
385-44-8230
Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUTCHINS, ROBERT J
400 NORTH WYMORE ROAD
SUITE 110
WINTER PARK FL 32789

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME P, VP, S, T
STREET ADDRESS GARY GAMBLE
CITY-ST-ZIP 2117 BLUR IRIS PLACE
LONGWOOD, FL 32779

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

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: Gary Gamble REQUIRED 2/21/01 (407) 333-1602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR12E083 (9/01)