2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000017489

1. Entity Name
STONEWOOD REAL ESTATE, LLC



FILED Apr 29, 2008 08:00 AN Secretary of State

Principal Place of Business

140 SOUTH ATLANTIC AVE.

SUITE 300 ORMOND BEACH, FL 32176 Mailing Address

140 SOUTH ATLANTIC AVE.

SUITE 300

ORMOND BEACH, FL 32176



DO NOT WRITE IN THIS SPACE

04252008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3749867

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SULLIVAN, DOUGLAS E 140 SOUTH ATLANTIC AVE. SUITE 300 ORMOND BEACH, FL 32176

DO NOT WRITE IN THIS SPACE

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_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS		U0000932361
TITLE	MGRM		U00000932361 05/22/08-80051-019 138.75
NAME STREET ADDRESS	STONEWOOD HOLDINGS 140 S ATLANTIC AVE SUITE 300		
CITY-ST-ZIP	ORMOND BEACH, FL 32176		
TITLE			
NAME		l l	
STREET ADDRESS			
CITY-ST-ZIP			

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

TITLE NAME STREET ADDRESS

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

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

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

4/28/08

386-677-116

Daytime Phone #