

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000022119

FILED
Jan 22, 2005
Secretary of State

Entity Name: STONEWAY PROPERTIES LC

Current Principal Place of Business:

111 SW CHAPMAN AVE
PORT ST LUCIE, FL 34984

New Principal Place of Business:

Current Mailing Address:

111 SW CHAPMAN AVE
PORT ST LUCIE, FL 34984

New Mailing Address:

111 SW CHAPMAN AVE
PORT ST LUCIE, FL 349844310 US

FEI Number: 80-0021583

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUTHRIE, P.J.
111 SW CHAPMAN AVE
PORT ST LUCIE, FL 34952 US

Name and Address of New Registered Agent:

GUTHRIE, P.J.
111 SW CHAPMAN AVE
PORT ST LUCIE, FL 349844310 US

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:

01/22/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GUTHRIE, JAMES L JR
Address: 111 SW CHAPMAN AVE
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: MGRM () Delete
Name: FIMIAN, JOHN M
Address: 111 SW CHAPMAN AVE
City-St-Zip: PORT SAINT LUCIE, FL 34984

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GUTHRIE, JAMES L JR
Address: 111 SW CHAPMAN AVE
City-St-Zip: PORT SAINT LUCIE, FL 34984 US

Title: MGRM (X) Change () Addition
Name: FIMIAN, JOHN M
Address: 111 SW CHAPMAN AVE
City-St-Zip: PORT SAINT LUCIE, FL 34984 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOHN M FIMIAN

MGRM

01/22/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date