

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90148 014 ****50.00

DOCUMENT # L02000004803

1. Entity Name

STONEHOUSE RESORT MANAGEMENT, LLC



Principal Place of Business

136 MADEIRA RD.
ISLAMORADA FL 33036

Mailing Address

136 MADEIRA RD.
ISLAMORADA FL 33036

44064387

2. Principal Place of Business

136 Madeira Rd

3. Mailing Address

136 Madeira

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MOORE

CR2E083 (11/03)

City & State

Islamorada, FL

City & State

Islamorada, FL

4. FEI Number

71-0880854

Applied For

Not Applicable

Zip

33036

Country

US

Zip

33036

Country

US

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GREGG, MARK H
99101 ORANGE HWY
KEY LARGO FL 33037

7. Name and Address of New Registered Agent

Name Terry Ford

Street Address (P.O. Box Number is Not Acceptable)

136 Madeira Road

City

Islamorada

FL

Zip Code

33036

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

4/30/04

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME FORD, TERRY
STREET ADDRESS 136 ISMRODA RD.
CITY-ST-ZIP ISLAMORADA FL 33036

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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

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:

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

Terry Ford

4/30/04

3055174089

Date

Daytime Phone #