

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90121 021 ****50.00

DOCUMENT # L02000004803

1. Entity Name

STONEHOUSE RESORT MANAGEMENT, LLC



Principal Place of Business

3806 SOLANA ROAD
MIAMI FL 33133

Mailing Address

3806 SOLANA ROAD
MIAMI FL 33133

2. Principal Place of Business

136 Madeira Road

Suite, Apt. #, etc.

3. Mailing Address

136 Madeira Road

Suite, Apt. #, etc.

City & State

Islamorada, FL

Zip **33036**

Country

Monroe

City & State

Islamorada, FL

Zip

33036

Country

Monroe

4. FEI Number

71-0880854

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GREGG, MARK H
99101 OVERSEAS HIGHWAY
KEY LARGO FL 33037

7. Name and Address of New Registered Agent

Name

Mark Gregg

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

99101 Overseas Highway

City

Key Largo

FL

Zip Code

33037

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **President** ☐ Delete
NAME **Terry Ford**
STREET ADDRESS **136 Madeira Road**
CITY-ST-ZIP **Islamorada, FL 33036**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 606, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

02/24/03

305 571 4089

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

Date

Daytime Phone #

CR2E083 (10/02)