
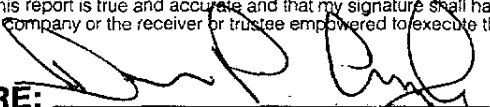


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 19, 2004 08:00 AM**  
**Secretary of State**

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| <b>DOCUMENT # L02000028282</b><br>1. Entity Name<br><b>STONO HOLDINGS, LLC</b>  |  |  |   |   |  |
| Principal Place of Business<br><b>2455 SNOOK TRAIL<br/>PALM BEACH GARDENS FL 33410</b>  |  |  | Mailing Address<br><b>2455 SNOOK TRAIL<br/>PALM BEACH GARDENS FL 33410</b>  |  |  |
| 2. Principal Place of Business  |  | 3. Mailing Address                                 |   |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.                                |   |  |  |
| City & State  |  | City & State                                       |   |  |  |
| Zip   | Country  | Zip  | Country   | 4. FEI Number <b>11-3660542</b> <div style="float: right; border: 1px solid black; padding: 2px;">           Applied For<br/> <input type="checkbox"/> Not Applicable         </div> |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>   |  |  |   |  |  |
| 6. Name and Address of Current Registered Agent   |  |  | 7. Name and Address of New Registered Agent   |  |  |
| <b>SAUERBERG, ERIC M<br/>200 VILLAGE SQUARE CROSSING, STE. 102<br/>PALM BEACH GARDENS FL 33410</b>  |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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. I am familiar with, and accept the obligations of registered agent.   |  |  |   |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |  |   |  |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2004</b>  |  |  |   |  |  |
| 9. MANAGING MEMBERS/MANAGERS  |  |  | 10. ADDITIONS/CHANGES   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>MGRM<br/>MARSHALL, EMILY<br/>2455 SNOOK TRAIL<br/>PALM BEACH GARDENS FL 33410</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><div style="text-align: center;"> <b>U000000057340</b><br/> <b>02/19/04-80057-014 50.00</b> </div> |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>MGRS<br/>COYLE, DENNIS P<br/>2455 SNOOK TRAIL<br/>PALM BEACH GARDENS FL 33410</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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. |  |  |   |  |  |
| <b>SIGNATURE:</b>  <b>Dennis P. Coyle</b> <b>02-17-04</b> <b>561-694-1644</b>  |  |  |   |  |  |