# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 03, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # L02000030912

1. Entity Name
STONE, EHLER & CAPOBIANCO, P.L.

| Principal Place of Business | Mailing Address |
|---|---|
| 219 EAST OCEAN BLVD.<br>STUART, FL 34994 | 219 EAST OCEAN BLVD.<br>STUART, FL 34994 |

**DO NOT WRITE IN THIS SPACE**

04302004No Chg-LLC CR2E083 (10/03)

4. FEI Number
61-1431302
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CAPOBIANCO, LINDA ELISE
219 EAST OCEAN BLVD.
STUART, FL 34994

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $50.00**
**Due by May 1, 2004**

U00000150396
05/04/04-80004-018 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|---|---|
| TITLE | MGRM |
| NAME | CAPOBIANCO, LINDA ELISE |
| STREET ADDRESS | 219 EAST OCEAN BLVD. |
| CITY-ST-ZIP | STUART, FL 34994 |
| TITLE | MGRM |
| NAME | EHLER, LAURIE A |
| STREET ADDRESS | 219 EAST OCEAN BLVD. |
| CITY-ST-ZIP | STUART, FL 34994 |
| TITLE | MGRM |
| NAME | STONE, JEROME A JR |
| STREET ADDRESS | 219 EAST OCEAN BLVD. |
| CITY-ST-ZIP | STUART, FL 34994 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| 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 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, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #