2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006
Secretary of State

DOCUMENT# L03000022729

Entity Name: STONEBRIAR, LLC

Current Principal Place of Business:

235 N. WESTMONTE DR.
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

235 N. WESTMONTE DR.
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 37-1469541 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OROSZ, WILLIAM S JR.
235 N. WESTMONTE DR.
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: OROSZ, WILLIAM S JR.
Address: 235 N. WESTMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGRM ( ) Delete
Name: CAMBRIDGE DEVELOPMEN, T, INC.
Address: 235 N. WESTMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: OROSZ, STEPHEN W
Address: 235 N. WESTMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: STEPHEN OROSZ MGR 04/10/2006

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