


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000026213 1. Entity Name STONEBREAK HOMES, L.L.C.	
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FILED
Apr 27, 2006 08:00 AM
Secretary of State

Principal Place of Business 1150 NW 72ND AVE, PH1 MIAMI, FL 33126	Mailing Address 1150 NW 72ND AVE, PH1 MIAMI, FL 33126
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04172006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-1073688

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRODIE, SIDNEY Z
7270 NW 12TH ST, PH-I
MIAMI, FL 33126

**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 _____

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIRANDA, DANIEL 1150 NW 72ND AVE, PH1 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REYES, RAFAEL 1150 NW 72ND AVE, PH1 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAPO, ALEJANDRO 1150 NW 72ND AVE, PH1 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRIMBERG, SEAN 1150 NW 72ND AVE, PH1 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000538419
05/09/06-80053-016 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

04/24/2006 305.5130501
Date Daytime Phone #