2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUL 13 AM 10: 28

DOCUMENT # L03000026939

1. Entity Name
STONEBROOK PARTNERS, L.C.

Principal Place of Business	Mailing Address
2840 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065	2840 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065

3-20-06 $50.00
02242006 Chg-LLC CR2E083 (11/05)

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: 04-3587170 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GILLESPIE, R. BOWEN III ESQ GILLESPIE & ALLISON, P.A. 1515 SOUTH FEDERAL HIGHWAY, SUITE 300 BOCA RATON, FL 33432	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 ______________________________
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEVINE, DAVID 2840 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~MGRM~~ MARTZ, BENNY L 2840 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: DAVID LEVINE 2/24/06 954-755-1775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

MANAGING MEMBER

L03000026939

061000104
03/20/2006
0097117825

This is a LEGAL COPY of your check. You can use it the same way you would use the original check.

063000047 03/20/2006 0640250475

REGENCY AT STONEBROOK ESTATES LLC 11/02/02
2852 N. University Drive
Coral Springs, FL 33065-1427

SUNTRUST

No. 052589
20016728

DATE 3/15/06 052589

CHECK AMOUNT $ 50.00

PAY FIFTY AND NO/100 DOLLARS

TO THE ORDER OF
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

⑈052589⑈ ⑆067006076⑆ 10000095 1 2350⑈ ⑈0000005000⑈

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MAR 20 2006

BANK OF AMERICA, NA JAX
063000047 (252) 94 PFS
03/20/06
0640250475

2125 42889

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT. # 10000095
MAR 16 2006

061000104 03/20/2006
0097117825

Do not endorse or write below this line.