

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000026939

1. Entity Name
STONEBROOK PARTNERS, L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 13 AM 10:28

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

Mailing Address
**2840 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3-20-06
02242006 Chg-LLC

\$50.00
CR2E083 (11/05)

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
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CITY - ST - ZIP
☐ Change ☐ Addition

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DAVID LEVINE

MANAGING MEMBER

2/24/06

Date

954-755-1775

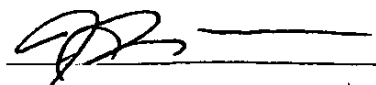
Daytime Phone #

LD3000026939

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.

9002/02/03 03/20/2006
06640250475

REGENCY AT STONEBROOK ESTATES LLC 11/02/02 2852 N. University Drive Coral Springs, FL 33065-1427		SUNTRUST	No. 052589 20016728
PAY FIFTY AND NO/100 DOLLARS		DATE 3/15/06	CHECK AMOUNT \$ 50.00
TO THE ORDER OF FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS P.O. BOX 1500 TALLAHASSEE, FL 32302-1500			
#052589# ⑆067006076⑆ ⑆0000095⑆ 2350⑆ ⑆0000005000⑆			

#052589# ⑆067006076⑆ ⑆0000095⑆ 2350⑆ ⑆0000005000⑆

>068000047< 03/20/
06640250475

BANK OF AMERICA, N.A.
MAR 20 2006
06640250475

MAR 20 2006

2125 42009

MAR 16 2006

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT. # 1000000000

061000104 03/20/2006
0097117825

Do not endorse or write below this line.