

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027499

FILED
Apr 30, 2004
Secretary of State

Entity Name: STONEGATE OF MOBILE, LLC

Current Principal Place of Business:

233 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301

New Principal Place of Business:

536 N. MONROE STREET
TALLAHASSEE, FL 32301

Current Mailing Address:

233 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301

New Mailing Address:

536 N. MONROE STREET
TALLAHASSEE, FL 32301

FEI Number: 56-2381542

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINDSEY, WM. SCOTT
1407 PIEDMONT DRIVE EAST
TALLAHASSEE, FL 32308

Name and Address of New Registered Agent:

FULLER, DENNIS R.
536 N. MONROE STREET
TALLAHASSEE, FL 32301

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: DENNIS R. FULLER

04/30/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: FULLER, DENNIS
Address: 233 OFFICE PLAZA DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGRM () Delete
Name: RUDNICK, JAMES M
Address: P.O. BOX 13633
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FULLER, DENNIS
Address: 536 N. MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32301

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DENNIS R. FULLER

MGRM

04/30/2004

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