

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90105 012 \*\*\*\*55.00

**DOCUMENT # L03000027758**

1. Entity Name

STONEMONT VILLAGE ASSOCIATES, LLC



Principal Place of Business

6526 CHRISTOPHER POINT ROAD W.  
JACKSONVILLE FL 32217

Mailing Address

6526 CHRISTOPHER POINT ROAD W.  
JACKSONVILLE FL 32217

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2930 Stonemont St

Jacksonville, Fla

32207

USA



MOORE

CR2E083 (11/03)

4. FEI Number

05-0590289

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HAND, JACK G JR., P.A.  
200 W. FORSYTH STREET, SUITE 1517  
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME CANTRELL, ROBERT W II  
STREET ADDRESS 9074 KINGS COLONY ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE MGRM ☐ Delete  
NAME RUMBLE, JOHN C  
STREET ADDRESS 6526 CHRISTOPHER POINT ROAD W.  
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE MGRM ☐ Delete  
NAME RUMBLE, JANET S  
STREET ADDRESS 6526 CHRISTOPHER POINT ROAD W.  
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 12303 MANDARIN Rd  
CITY-ST-ZIP Jacksonville, FL 32223

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-2-04 904-398-6744