
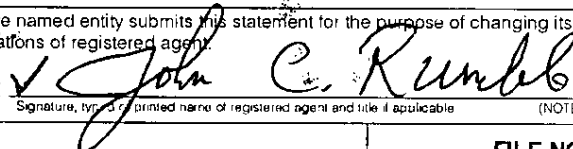


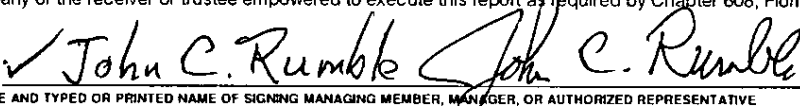
# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Sep 12, 2005 8:00 am**  
**Secretary of State**

09-12-2005 90122 012 \*\*\*\*50.00

<b>DOCUMENT # L03000027758</b>					
1. Entity Name <b>STONEMONT VILLAGE ASSOCIATES, LLC</b>					
Principal Place of Business <b>2930 STONEMONT STREET JACKSONVILLE FL 32207</b>			Mailing Address <b>2930 STONEMONT ST JACKSONVILLE FL 32207</b>		
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 <b>05-0590289</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>HAND, JACK G JR., P.A.</b> <b>200 W. FORSYTH STREET, SUITE 1517</b> <b>JACKSONVILLE FL 32202</b>			Name <b>JOHN RUMBLE</b>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<b>6526 Christopher Point W.</b>		
			City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32217</b>		
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  <b>8-5-2005</b>					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGRM</b> <b>CANTRELL, ROBERT W II</b> <b>12303 MANDARIN RD</b> <b>JACKSONVILLE FL 32223</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGRM</b> <b>RUMBLE, JOHN C</b> <b>6526 CHRISTOPHER POINT ROAD W.</b> <b>JACKSONVILLE FL 32217</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGRM</b> <b>RUMBLE, JANET S</b> <b>6526 CHRISTOPHER POINT ROAD W.</b> <b>JACKSONVILLE FL 32217</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:**  **4-30-05 (804) 398-8970**

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

Date

Daytime Phone #