2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000027758

1. Entity Name

STONEMONT VILLAGE ASSOCIATES, LLC



Principal Place of Business

2930 STONEMONT STREET JACKSONVILLE, FL 32207

Mailing Address

2930 STONEMONT ST JACKSONVILLE, FL 32207

FILED Jan 19, 2007 8:00 am Secretary of State

01-19-2007 90065 031 ****50.00

VUUU4144



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01042007 No Chg-LLC

CR2E083 (11/05)

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

RUMBLE, JOHN 6526 CHIRSTOPHER POINT WEST JACKSONVILLE, FL 32217

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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, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CANTRELL, ROBERT W II 12303 MANDARIN RD JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUMBLE, JOHN C 6526 CHRISTOPHER POINT ROAD W. JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUMBLE, JANET S 6526 CHRISTOPHER POINT ROAD W. JACKSONVILLE, FL 32217
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby	pertify that the information supplied with this filling does not qualify for the ex-

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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 epopowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

1-11-00

904-739-3118

Daytime Phone