5/11/

FILED
May 26, 2004 8:00 am
Secretary of State

05-11-2004 90001 020 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000028880

1. Entity Name
STONEHAVEN PARTNERS, L.L.C.

Principal Place of Business	Mailing Address
621 N.W. 53RD ST., #420 BOCA RATON, FL 33487	621 N.W. 53RD ST., #420 BOCA RATON, FL 33487

34007591

04232004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
701 COLORADO AVE	701 COLORADO AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: STUART, FL	City & State: STUART FL
Zip: 34994 Country:	Zip: 34994 Country:

4. FEI Number 20-0142798 ☐ 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
COEL, MARK A ESQ 621 N.W. 53RD ST., #420 BOCA RATON, FL 33487	Name: GENE B. GOLDIN Street Address (P.O. Box Number is Not Acceptable): 701 COLORADO AVE City: STUART FL Zip Code: 34994

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] GENE B. GOLDIN 4/26/04
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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: MANAGING MEMBER NAME: GENE B. GOLDIN STREET ADDRESS: 701 COLORADO AVE CITY-ST-ZIP: STUART, FL. 34994	☑ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 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] GENE B. GOLDIN, MANAGING MEMBER 4/26/04 (772) 2837444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #