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
621 N.W. 53RD ST., #420
BOCA RATON, FL 33487

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

34007591

04232004 Chg-LLC CR2E083 (10/03)

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

3. Mailing Address
701 COLORADO AVE
Suite, Apt. #, etc.
City & State
STUART FL
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
COEL, MARK A ESQ
621 N.W. 53RD ST., #420
BOCA RATON, FL 33487

7. Name and Address of New Registered Agent
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 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 NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER ☑ Change ☑ Addition GENE B. GOLDIN 701 COLORADO AVE. STUART, FL. 34994
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
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: GENE B. GOLDIN, MANAGING MEMBER 4/26/04 (772) 283-7444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #