

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000032543

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** COBBLESTONE PARTNERS, LLC

**Current Principal Place of Business:**

1116 SEMORAN BLVD.  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2245  
APOPKA, FL 32704

**New Mailing Address:**

**FEI Number:** 80-0105329

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VAN SCHEPEN, PAUL MGRM  
1121 BROWNSHIRE CT  
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: VAN SCHEPEN, PAUL MGRM  
Address: 1121 BROWNSHIRE CT  
City-St-Zip: LONGWOOD, FL 32779 US

Title: MGR  
Name: SPARLING, WAYNE  
Address: 1360 LEXINGTON PKWY  
City-St-Zip: APOPKA, FL 32712 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: PAUL VAN SCHEPEN

MGRM

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date