

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000034103

FILED
Aug 31, 2005
Secretary of State

Entity Name: STONE PROPERTIES, LLC

Current Principal Place of Business:

C/O WEBSTER, CHAIRES & PARTNERS, P.L.
1936 LEE RD., STE. 101
WINTER PARK, FL 32789

New Principal Place of Business:

7150 WOODDED VILLAGE LN
ORLANDO, FL 32835

Current Mailing Address:

C/O WEBSTER, CHAIRES & PARTNERS, P.L.
1936 LEE RD., STE. 101
WINTER PARK, FL 32789

New Mailing Address:

7150 WOODDED VILLAGE LN
ORLANDO, FL 32835

FEI Number: 20-0216163 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

W&P SERVICES, INC.
1936 LEE RD., STE. 101
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

SHIF, GARY
7150 WOODDED VILLAGE LN
ORLANDO, FL 32835 US

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: GARY SHIF

08/31/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SHIF, GARY
Address: 5380 KIRKMAN RD.
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SHIF, GARY
Address: 7150 WOODDED VILLAGE LN
City-St-Zip: ORLANDO, FL 32835

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GARY SHIF

MGR

08/31/2005

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