


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

4/21

FILED
May 23, 2005 8:00 am
Secretary of State

04-29-2005 90050 035 *****50.00

DOCUMENT # L03000034218 1. Entity Name STONEWOOD MANOR, L.L.C.	
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Principal Place of Business 1195 N.W. 165TH STREET CITRA, FL 32113	Mailing Address 1195 N.W. 165TH STREET CITRA, FL 32113
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30007030



04072005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1187073	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent VIGNE, CHARLES R 1195 N.W. 165TH STREET CITRA, FL 32113

**DO NOT WRITE
IN THIS SPACE**

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 *Charles R. Vigne* **4-25-05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VIGNE, CHARLES R 1195 N.W. 165TH STREET CITRA, FL 32113
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IN THIS SPACE**

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: *Charles R. Vigne* **5-18-05 352-266-2223**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #