2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000034221

1. Entity Name
STONEWOOD ESTATES, L.L.C.

Principal Place of Business	Mailing Address
1195 N.W. 165TH STREET	1195 N.W. 165TH STREET
CITRA, FL 32113	CITRA, FL 32113

DO NOT WRITE IN THIS SPACE

04082007No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
57-1187071	Not Applicable

5. Certificate of Status Desired ☐   **$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 _____

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, 2007

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

U000000728350
05/07/07-80013-020 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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   4-11-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #