


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90028 012 ****50.00

DOCUMENT # L04000012603	
1. Entity Name STONE GATE LC	

Principal Place of Business 10859 EMERALD COAST PKWY W., #4-430 DESTIN, FL 32550	Mailing Address 10859 EMERALD COAST PKWY W., #4-430 DESTIN, FL 32550.
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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03212005 Chg-LLC CR2E083 (10/03)

4. FEI Number 83-0386861	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent
JONES, CHRISTOPHER R 10859 EMERALD COAST PKWY W., #4-430 DESTIN, FL 32550

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE MGRM <input type="checkbox"/> Delete	NAME JONES, DENNIS A STREET ADDRESS 10859 EMERALD COAST PKWY W., #4-430 CITY-ST-ZIP DESTIN, FL 32550
TITLE MGRM <input type="checkbox"/> Delete	NAME JONES, CYNTHIA L STREET ADDRESS 10859 EMERALD COAST PKWY W., #4-430 CITY-ST-ZIP DESTIN, FL 32550
TITLE MGRM <input type="checkbox"/> Delete	NAME JONES, CHRISTOPHER R STREET ADDRESS 10859 EMERALD COAST PKWY W., #4-430 CITY-ST-ZIP DESTIN, FL 32550
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Dennis A Jones **Date** 4-14-05 **Daytime Phone #** 850-654-0011