

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**May 01, 2006 08:00 AM  
Secretary of State**

**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**



**04212006 No Chg-LLC**

**CR2E083 (11/05)**

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
83-0386861**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**JONES, CHRISTOPHER R  
10859 EMERALD COAST PKWY W., #4-430  
DESTIN, FL 32550**

**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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE MGRM  
NAME JONES, DENNIS A  
STREET ADDRESS 10859 EMERALD COAST PKWY W., #4-430  
CITY-ST-ZIP DESTIN, FL 32550**

**TITLE MGRM  
NAME JONES, CYNTHIA L  
STREET ADDRESS 10859 EMERALD COAST PKWY W., #4-430  
CITY-ST-ZIP DESTIN, FL 32550**

**TITLE MGRM  
NAME JONES, CHRISTOPHER R  
STREET ADDRESS 10859 EMERALD COAST PKWY W., #4-430  
CITY-ST-ZIP DESTIN, FL 32550**

**TITLE  
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CITY-ST-ZIP**

**U000000546857  
05/11/06-80125-003 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #