


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**



04212006No 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 <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, DENNIS A 10859 EMERALD COAST PKWY W., #4-430 DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, CYNTHIA L 10859 EMERALD COAST PKWY W., #4-430 DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, CHRISTOPHER R 10859 EMERALD COAST PKWY W., #4-430 DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 05/11/06-90125-003 50.00

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 # _____