


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90026 032 ****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
--	--

20008369



04162007 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 <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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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: Christopher Jones 04/17/07 888-654-0011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #