

# 2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90157 034 \*\*\*\*50.00

**20006017**



<b>DOCUMENT # L04000032375</b> 1. Entity Name <b>STONEBURNER I-75 INTERCHANGE, LLC</b>					
Principal Place of Business <b>2663 AIRPORT ROAD SOUTH D-110 NAPLES, FL 34112 US</b>			Mailing Address <b>2663 AIRPORT ROAD SOUTH D-110 NAPLES, FL 34112 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BRYANT, EDWARD R JR.</b> <b>2663 AIRPORT ROAD SOUTH</b> <b>D-110</b> <b>NAPLES, FL 34112</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>    Zip Code       </div>		
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 <span style="margin-left: 100px;"><i>Agent</i></span> <span style="float: right;"><i>1/26/2005</i></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Amended AR is \$50.00</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>LOFGREN, DARLENE L</b> <b>2663 AIRPORT ROAD SOUTH D-110</b> <b>NAPLES, FL 34112</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>DAVID STONEBURNER</b> <b>2663 AIRPORT ROAD SOUTH, STE D-110</b> <b>Naples, FL 34112</b>	
	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>STONEBURNER, CHRIS</b> <b>2663 AIRPORT ROAD SOUTH D-110</b> <b>NAPLES, FL 34112</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <b>Edward R. Bryant</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<div style="text-align: right;"> <i>1/26/05</i>    <b>239-643-4888</b>  <small>Date                      Daytime Phone #</small> </div>		