## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED** May 05, 2008 8:00 am Secretary of State

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DOCUMENT # L04000040440  1. Entity Name STONEGATE PROPERTIES LLC						05-05-2008 9	90041 01		
Principal Place of Business Mailing Address					1 77	0000000	•		
4400 NORTH FEDERAL HIGHWAY 4400 NORTH FEDERAL HIGHW			HIGHWA	¥Υ	,				
SUITE 210 SUITE 210 BOCA RATON, FL 33431 BOCA RATON, FL 33431			1						
DUCK KATUN	I, FL 33431	DOGA KATUN, FL 3343	1			EDIN BIRK ERNI BENK EDIN	) <b>48</b> 11) 418H 81		<b>9</b> 8 (1) ( <b>8)</b>
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04292008	Chg-LLC	CR2E0	83 (12/06)		
City & State		City & State			4. FEI Numbe				plied For
Zip Country		Zip Coun			20-1174	+/8/			t Applicable
ΣIÞ	Country	210	COUNT	пу	5. Certificate	of Status Desired		\$5.00 Add Fee Required	
	6. Name and Address of Current	Registered Agent	_		7. Name and	Address of New R	egistered /	\gent	
				Name					
DICRESCENZO, ANGELA 665 SE 10TH STREET			Street Address (P.O. Box Number is Not Acceptable)						
201 DEERFIELD BEACH, FL 33441									
	D B D (6)1,1 E (6)41		:	City				Zip Code	
				Oity			FL	Zip Gode	·
	named entity submits this statement for ions of registered agent.	or the purpose of changing its r	egistere	ed office or register	ed agent, or bot	h, in the State of Flo	rida. I am i	amiliar with,	and accept
ina oongar	ions of registered agent.								
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered	d Agent signature required	when reinstating)		DATE		
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.79	5			3		é check p i Departm	ayable to ent of State	in the second
9.	MANAGING MEMBE	ERS/MANAGERS	10.			ADDITIONS/	CHANGES		• •
TITLE	MGRM	☐ Delete	TITLE					☐ Change	☐ Addition
NAME OTOSET ADODSSO	PINCUS, MONA	140	NAMI	1					
STREET ADDRESS CITY-ST-ZIP	4400 N FEDERAL HIGHWAY #2 BOCA RATON, FL 33431	าบ		et address - St-2ip					
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NAME		□ O€€E	NAMI	1				☐ Crisinge	Addition
STREET ADDRESS				ET ADORESS					
CITY-ST-ZIP			CITY-	-ST-ZIP					
TITLE		☐ Delete	TITLE					☐ Change	■ Addition
NAME			NAMI	<b>I</b>					
STREET ADDRESS CITY-ST-ZIP			STRE	ET ADDRESS					
			CITY.	_CT_7tD					
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		☐ Delete	TITLE NAMI STRE	E				Change	Addition
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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.