


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000047198 1. Entity Name STONE & ASSOCIATES, LLC	
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Principal Place of Business 3825 HENDERSON BLVD., #403 TAMPA, FL 33629-5032	Mailing Address 3825 HENDERSON BLVD., #403 TAMPA, FL 33629-5032
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DO NOT WRITE IN THIS SPACE



04132007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 02-0724650	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**STONE, STEPHEN M
725 NORTH MAGNOLIA AVENUE
ORLANDO, FL 32803**

**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 _____

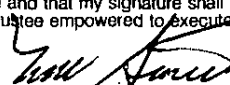
**Filing Fee Is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STONE, LEON N 3825 HENDERSON BOULEVARD SUITE 403 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSS, BERNICE 3825 HENDERSON BOULEVARD SUITE 403 TAMPA, FL 33629
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/26/07-80003-004 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 # _____