

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90026 009 \*\*\*\*50.00

**DOCUMENT # L04000078439**



1. Entity Name  
**STONEWOOD PLACEMENT, LLC**

**30004635**

Principal Place of Business  
**8 BROAD CREEK CIRCLE**  
**ORMOND BEACH, FL 32174 US**

Mailing Address  
**8 BROAD CREEK CIRCLE**  
**ORMOND BEACH, FL 32174 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03302005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

Applied For

Zip

Country

Zip

Country

**20-1800736**

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CURTIS, WT**  
**8 BROAD CREEK CIRCLE**  
**ORMOND BEACH, FL 32174**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 the fee if applicable.

(NOTE: Registered Agent signature required when re-appointing)

DATE

Filing Fee is \$50.00  
 Due by May 1, 2005

Make check payable to  
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR**  
 NAME **WTC OVEN, LLC**  
 STREET ADDRESS **8 BROAD CREEK CIRCLE**  
 CITY- ST- ZIP **ORMOND BEACH, FL 32174**

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

Change  Addition

TITLE  
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 CITY- ST- ZIP

Change  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 606, Florida Statutes.

**SIGNATURE:**

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #