
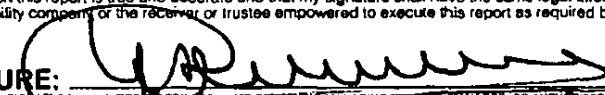


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 13, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90035 014 \*\*\*\*50.00

<b>DOCUMENT # L05000000816</b> 1. Entity Name <b>STONEBRIDGE, LLC</b>					
Principal Place of Business <b>6900 SOUTHPOINT DRIVE NORTH, SUITE 250 JACKSONVILLE, FL 32216</b>			Mailing Address <b>6900 SOUTHPOINT DRIVE NORTH, SUITE 250 JACKSONVILLE, FL 32216</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>SANKERS, GUS</b> <b>6900 SOUTHPOINT DRIVE NORTH, SUITE 250</b> <b>JACKSONVILLE, FL 32216</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____ (NOTE: Registered Agent signature required when remitting) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>STONEBRIDGE MANAGER, LLC</b> <b>6900 SOUTHPOINT DRIVE NORTH, SUITE 250</b> <b>JACKSONVILLE, FL 32216</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> 				<b>MANAGER</b> 04/28/06 (703) 506-1006	
<small>SIGNATURE AND TYPED, PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	

**30010252**



04272006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-2094247** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required