2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000020578

1. Entity Name

STONEBORO ASSOCIATES LLC



FILED Mar 01, 2007 08:00 A Secretary of State

Principal Place of Business

PO BOX 367628

BONITA SPRINGS, FL 34136

Mailing Address

PO BOX 367628

BONITA SPRINGS, FL 34136



DO NOT WRITE IN THIS SPACE

02262007 No Chg-LLC

-LLC CR2E083 (11/05)

4. FEI Number 37-1505569 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

AGENTS AND CORPORATIONS, INC. 773 4TH AVENUE NORTH STE E NAPLES. FL 34102

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The above named entity submits this statement for the purpose of cha the obligations of registered agent.	anging its registered office or registered agent, or both, i	n the State of Florida. I am familiar with, and accept
SIGNATURE	(NOTE: Registered Agent signature required when (einstating)	DATE
/ `Filing Fee is \$50.00		

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

MANAGING MEMBERS/MANAGERS MGR TITLE STEPHENS, ROBERT R NAME PO BOX 367628 STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS, FL 34136 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER OR AUTHORITED REPRESENTATION

(-//-

Daytime Phone #