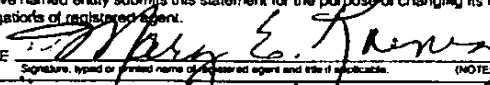
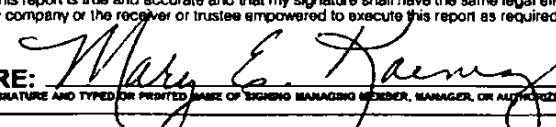


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

**Feb 16, 2007 8:00 am
Secretary of State**

01-22-2007 90148 027 ****50.00

DOCUMENT # L05000025560			
1. Entity Name STONE STREET, LLC			
Principal Place of Business 110 LAKE WINNEMISSETT DRIVE DELAND, FL 32724		Mailing Address 110 LAKE WINNEMISSETT DRIVE DELAND, FL 32724	
2. Principal Place of Business - No P.O. Box # 217 N. STONE ST.		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DELAND FL		City & State	
Zip 32720	Country USA	Zip	Country
4. FEI Number APPLIED FOR 20-2560603		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BRITZ-PARKER, BERNADETTE 110 LAKE WINNEMISSETT DRIVE DELAND, FL 32724		7. Name and Address of New Registered Agent Name MARY KOENIG Street Address (P.O. Box Number is Not Acceptable) 217 N. STONE STREET City DELAND FL 32720	
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  DATE 1-17-07 (NOTE: Registered Agents signature required when re-registering)			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGRM BRITZ-PARKER, BERNADETTE 110 LAKE WINNEMISSETT DRIVE DELAND, FL 32724	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP MGRM MARY KOENIG 217 N. STONE STREET DELAND FL 32720	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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.			
SIGNATURE: 		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			