2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State
01-22-2007 90148 027 ****50.00

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1. Entity Name
STONE STREET, LLC

Principal Place of Business	Mailing Address
110 LAKE WINNEMISSETT DRIVE DELAND, FL 32724	110 LAKE WINNEMISSETT DRIVE DELAND, FL 32724

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
217 N. STONE ST.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DELAND FL	City & State:
Zip: 32720 Country: USA	Zip: Country:

01172007 Chg-LLC CR2E083 (12/06)

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	7. Name and Address of New Registered Agent
BRITZ-PARKER, BERNADETTE 110 LAKE WINNEMISSETT DRIVE DELAND, FL 32724	Name: MARY KOENIG Street Address (P.O. Box Number is Not Acceptable): 217 N. STONE STREET City: DELAND FL Zip Code: 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: Mary E. Koenig DATE: 1-17-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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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: Mary E. Koenig
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #