

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000042221

1. Entity Name

STONEGATE PROPERTY HOLDINGS, LLC



Principal Place of Business

6480 HENRY RD
TAMPA, FL 33610

Mailing Address

6480 HENRY RD
TAMPA, FL 33610

DO NOT WRITE IN THIS SPACE



01212008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number

20-2770397

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

THORN, W. THOMPSON III
SHUMAKER, LOOP & KENDRICK, LLP
101 EAST KENNEDY BOULEVARD, SUITE 2800
TAMPA, FL 33602

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IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

00000829387
02/26/08-80039-005 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, GORDON L 970 SOUTHERN PINE CT. N.E. SAINT PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV PARKER, JOSEPH L 501 ROSERY RD BELLEAIR, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MORGAN, LARRY C 5 STONEGATE DR BELLEAIR, FL 33756
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:

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

Date

Daytime Phone #