05-03-2006 90031 031 ****55.00
L05000061605

FILED

06 JUL -3 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

60035420

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000061605

1. Entity Name
STONE VALLEY, L.L.C.

Principal Place of Business	Mailing Address
4864 NEW BROAD STREET ORLANDO, FL 32814 US	4864 NEW BROAD STREET ORLANDO, FL 32814 US

05012006 Chg-LLC CR2E083 (1/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-3107214 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ — $8.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GOSAI, MOHANLAL
4885 WALDEN CIRCLE
ORLANDO, FL 32811

7. Name and Address of New Registered Agent

Name: DAHEEBEN GOSAI
Street Address (P.O. Box Number is Not Acceptable): 4885 WALDEN CIRCLE
City: ORLANDO FL Zip Code: 32811

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: D. M. Gosai DAHEEBEN GOSAI 05/01/06
Signature, name or attorney name of registered agent, and date of application — NOTE: Registered Agent signature required when reinstating — Date

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GOSAI, MOHANLAL 4885 WALDEN CIRCLE ORLANDO, FL 32811	☐ Delete	mgr DAHEEBEN GOSAI 4885 WALDEN CIR ORLANDO, FL 32811	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GOSAI, UMESH 4885 WALDEN CIRCLE ORLANDO, FL 32811	☐ Delete	mgr	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	mgr KAUSHIK [redacted] GOSAI 4885 WALDEN CIR. ORLANDO, FL 32811	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: UMESH Gosai 05/01/06 4078989463
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone