

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000071630

Entity Name: COBBLESTONE PROPERTIES LLC

FILED
Apr 11, 2007
Secretary of State

Current Principal Place of Business:

2045 TRAILING PINES WAY
ORANGE PARK, FL 32003

New Principal Place of Business:

Current Mailing Address:

2045 TRAILING PINES WAY
ORANGE PARK, FL 32003

New Mailing Address:

FEI Number: 51-0551129

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIRAGUSA, STEFANIA A
2045 TRAILING PINES WAY
ORANGE PARK, FL 32003 US

Name and Address of New Registered Agent:

BOOTH, STEFANIA A
2045 TRAILING PINES WAY
ORANGE PARK, FL 32003 US

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.

SIGNATURE: STEFANIA A. BOOTH

04/11/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BOOTH, ADAM PAUL
Address: 2045 TRAILING PINES WAY
City-St-Zip: ORANGE PARK, FL 32003

Title: MGR () Delete
Name: SIRAGUSA, STEFANIA A
Address: 2045 TRAILING PINES WAY
City-St-Zip: ORANGE PARK, FL 32003

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BOOTH, ADAM P
Address: 2045 TRAILING PINES WAY
City-St-Zip: ORANGE PARK, FL 32003

Title: MGR (X) Change () Addition
Name: BOOTH, STEFANIA A
Address: 2045 TRAILING PINES WAY
City-St-Zip: ORANGE PARK, FL 32003

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEFANIA A. BOOTH

MGR

04/11/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date