

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000072434

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: STONE LEDGE PARADISE, LLC

**Current Principal Place of Business:**

95320 OVERSEAS HIGHWAY  
KEY LARGO, FL 33037

**New Principal Place of Business:**

**Current Mailing Address:**

3401 NE 170TH STREET  
NORTH MIAMI BEACH, FL 33160

**New Mailing Address:**

6995 GLENEAGLE DRIVE  
MIAMI LAKES, FL 33014

FEI Number: 20-3476363

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

JAY KOENIGSBERG  
1200 BRICKELL AVENUE  
SUITE 1900  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LASSETER, KATHY  
Address: 3401 NE 170TH STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: MGR ( ) Delete  
Name: LASSETER, KENNETH C  
Address: 3401 NE 170 STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LASSETER, KATHY  
Address: 6995 GLENEAGLE DRIVE  
City-St-Zip: MIAMI LAKES, FL 33014

Title: MGR (X) Change ( ) Addition  
Name: LASSETER, KENNETH C  
Address: 6995 GLENEAGLE DRIVE  
City-St-Zip: MIAMI LAKES, FL 33014

I hereby certify that the information supplied with this filing does not qualify 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: KENNETH LASSETER

MGR

01/15/2009

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