

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000078169

FILED
Jul 03, 2007
Secretary of State

Entity Name: STONEVIEW CONSTRUCTION LLC

Current Principal Place of Business:

8100 WINDSOR RIDGE RD
ORLANDO, FL 32835 US

New Principal Place of Business:

Current Mailing Address:

8100 WINDSOR RIDGE RD
ORLANDO, FL 32835 US

New Mailing Address:

FEI Number: 20-3281062 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ACCOUNT BOOKKEEPING CORP
5950 LAKEHURST DR
STE 246
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

VASCONCELOS, LENILSON F
8100 WINDSOR RIDGE RD
ORLANDO, FL 32835 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: LENILSON F VASCONCELOS

07/03/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VASCONCELOS, LENILSON F
Address: 8106 WINDSOR RIDGE ROAD
City-St-Zip: ORLANDO, FL 32835

Title: MGRM () Delete
Name: VASCONCELSON, ROMILSON
Address: 8100 WINDSOR RIDGE ROAD
City-St-Zip: ORLANDO, FL 32838

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LENILSON F VASCONCELOS

MGRM

07/03/2007

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