


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2007 08:00 A
Secretary of State

DOCUMENT # L05000104975
 1. Entity Name
 1110 STONEYBROOK LLC



Principal Place of Business Mailing Address
 12 AUTUMN WOOD 12 AUTUMN WOOD
 ROCHESTER, NY 14624 ROCHESTER, NY 14624

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01262007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3694671	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 INCORPORATING SERVICES, LTD.
 1540 GLENWAY DRIVE
 TALLAHASSEE, FL 32301

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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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DESIDERIO, NICHOLAS 12 AUTUMN WOOD ROCHESTER, NY 14624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DESIDERIO, CATHY 12 AUTUMN WOOD ROCHESTER, NY 14624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DESIDERIO, BRENT 11552 HEMINGWAY DRIVE RESTON, VA 20194
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Nicholas B. Desiderio
 12 Autumn Wood
 Rochester, NY 14624

Nicholas B. Desiderio 4-1-07 585 889 2413

SIGNATURE AND PRINTED NAME OF FILING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #