

**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

12 AUTUMN WOOD  
ROCHESTER, NY 14624

Mailing Address

12 AUTUMN WOOD  
ROCHESTER, NY 14624



01262007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-3694671

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

INCORPORATING SERVICES, LTD.  
1540 GLENWAY DRIVE  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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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04/12/07-80010-019 50.00

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE AND PRINTED NAME OF SEEDER, MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

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