2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000005297

1. Entity Name
STONEBRIDGE LLC

Principal Place of Business	Mailing Address
2199 ARNOLD PALMER DRIVE TITUSVILLE, FL 32796	2199 ARNOLD PALMER DRIVE TITUSVILLE, FL 32796

04172008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1162278
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FARO, MICHAEL A
7093 BRACKEN LANE
MELBOURNE, FL 32940

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000943881
05/29/08-80078-008 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HATOUM, DAN
STREET ADDRESS	2199 ARNOLD PALMER DRIVE
CITY-ST-ZIP	TITUSVILLE, FL 32796
TITLE	MGRM
NAME	HATOUM, LELA S
STREET ADDRESS	2199 ARNOLD PALMER DRIVE
CITY-ST-ZIP	TITUSVILLE, FL 32796
TITLE	MGRM
NAME	LEMON, RICHARD D
STREET ADDRESS	180 SKYLARK AVENUE
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	MGRM
NAME	LEMON, DAVID J
STREET ADDRESS	180 SKYLARK AVENUE
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	MGRM
NAME	MCDONALD, SHARI L
STREET ADDRESS	6410 LEONARD AVENUE
CITY-ST-ZIP	COCOA, FL 32927
TITLE	MGRM
NAME	MCDONALD, THOMAS J
STREET ADDRESS	6410 LEONARD AVENUE
CITY-ST-ZIP	COCOA, FL 32927

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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: Managing Member - 4-30-08 321-264-9950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #