

**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 2199 ARNOLD PALMER DRIVE TITUSVILLE, FL 32796	Mailing Address 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

U000000943881
05/29/08-80078-008 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HATOUM, DAN 2199 ARNOLD PALMER DRIVE TITUSVILLE, FL 32796
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HATOUM, LELA S 2199 ARNOLD PALMER DRIVE TITUSVILLE, FL 32796
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEMON, RICHARD D 180 SKYLARK AVENUE MERRITT ISLAND, FL 32953
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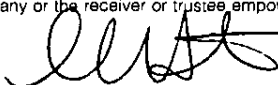
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEMON, DAVID J 180 SKYLARK AVENUE MERRITT ISLAND, FL 32953
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCDONALD, SHARI L 6410 LEONARD AVENUE COCOA, FL 32927
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCDONALD, THOMAS J 6410 LEONARD AVENUE COCOA, FL 32927
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**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:  **Managing Member - 4-30-08** **321-264-9950**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #