FILED
May 25, 2007 8:00 am
Secretary of State
04-25-2007 90044 017 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/2

DOCUMENT # L06000035540

1. Entity Name
STONEWOOD BUILDERS, "LLC"

Principal Place of Business
331 NORTH MAITLAND AVENUE
SUITE C 3
MAITLAND, FL 32751 US

Mailing Address
P. O. BOX 941717
MAITLAND, FL 32794 US

03152007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 52-2392251
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MARTIN, MONICA M
331 NORTH MAITLAND AVENUE
SUITE C 3
MAITLAND, FL 32751

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete MARTIN, RANDOLPH G 331 NORTH MAITLAND AVENUE SUITE C 3 MAITLAND, FL 32751	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 4/22/07 (321) 439-1346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #