

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000090756

FILED
Apr 13, 2007
Secretary of State

Entity Name: STONEWOOD HOME BUILDERS, LLC

Current Principal Place of Business:

3949 EVANS AVENUE #407A
FT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

3949 EVANS AVENUE #407A
FT MYERS, FL 33901

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KILLINGSWORTH, THOMAS P
2216 PARKER AVENUE
FT MYERS, FL 33905 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KILLINGSWORTH, THOMAS P
Address: 2216 PARKER AVENUE
City-St-Zip: FT MYERS, FL 33905

Title: MGRM () Delete
Name: TRETWOLD, GREGORY
Address: 4115 SW 13 AVENUE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES:

Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS P KILLINGSWORTH MGRM 04/13/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date