

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000090756

FILED  
Apr 29, 2008  
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:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: TRETWOLD, GREGORY  
Address: 1205 SE 10TH AVE UNIT A  
City-St-Zip: CAPE CORAL, FL 33990

I hereby certify that the information supplied with this filing does not qualify 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: GREGORY TRETWOLD

MGRM

04/29/2008

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