

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000121921

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: COBBLESTONE REALTY, L.L.C.

**Current Principal Place of Business:**

850 PARKWAY  
JUPITER, FL 33477

**New Principal Place of Business:**

**Current Mailing Address:**

850 PARKWAY  
JUPITER, FL 33477

**New Mailing Address:**

FEI Number: 20-8132205

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHARLES, DANA F ESQ.  
C/O DANA F. CHARLES, P.A.  
2799 N.W. BOCA RATON BLVD., #113  
BOCA RATON, FL 33431 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: MGR ( ) Delete  
Name: RYAN, THOMAS F  
Address: 850 PARKWAY  
City-St-Zip: JUPITER, FL 33477

Title: MGR ( ) Delete  
Name: MCNIFF, MICHAEL P  
Address: 850 PARKWAY  
City-St-Zip: JUPITER, FL 33477

Title: MGR ( ) Delete  
Name: HOWARTH, MARY  
Address: 850 PARKWAY  
City-St-Zip: JUPITER, FL 33477

**ADDITIONS/CHANGES:**

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

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

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

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: THOMAS F. RYAN

MGR

04/27/2009

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