

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000069099

FILED
Feb 02, 2009
Secretary of State

Entity Name: STONEBRIDGE AT METRO WEST LLC.

Current Principal Place of Business:

130 MINORCA AVENUE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

130 MINORCA AVENUE
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 77-0722881

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIL, GRIZEL
130 MINORCA AVENUE
CORAL GABLES, FL 33134 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: ALMEIDA, JOSE C
Address: ALAMEDA GOMIDES DE OLIVEIRA 534
City-St-Zip: BRAGANCA PAULISTA, SP 12919-601 BR

Title: MGRM (X) Delete
Name: ALMEIDA, MICHELI G
Address: ALAMEDA GOMIDES DE OLIVEIRA 534
City-St-Zip: BRAGANCA PAULISTA, SP 12919-601 BR

Title: MGRM (X) Delete
Name: ALMEIDA, HENRIQUE A
Address: ALAMEDA GOMIDES DE OLIVEIRA 534
City-St-Zip: BRAGANCA PAULISTA, SP 12919-601 BR

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: JOSE C ALMEIDA

MGRM

02/02/2009

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