2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002575

1. Entity Name
STONE ASSOCIATES, L.L.C.

FILED

01 APR 11 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
6405 WESTGATE DR., #314	6405 WESTGATE DR., #314
ORLANDO FL 32835	ORLANDO FL 32835

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number 52-2181480	Applied For
4715 HALYARD DR	4715 HALYARD DR		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		

City & State	City & State	
BRADENTON, FL	BRADENTON FL	
Zip 34208	Country MANATEE	Zip 34208	Country MANATEE

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STONE, CHARLES J	Name
6405 WESTGATE DR., #314	
ORLANDO FL 32835	Street Address (P.O. Box Number is Not Acceptable)
4715 HALYARD DR. BRADENTON, FL 34208	
	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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

	FILE NOW!!! FEE IS $50.00 Make Check Payable to Department of State	4000004036144--2 -04/20/01--01097--025 *****50.00 *****50.00

9.	MANAGING MEMBERS / MEMBERS		10.	ADDITIONS / CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	STONE, CHARLES J		NAME			
STREET ADDRESS	6405 WESTGATE DR., #314 4715 HALYARD D		STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32835 BRADENTON, FL 34207		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 3/8/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #