

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90019 011 ****50.00

DOCUMENT # L99000006369

1. Entity Name

STONYBROOK APARTMENTS AT BOYNTON BEACH LLC



Principal Place of Business

15340 JOG ROAD
#200
DELRAY BEACH FL 33446

Mailing Address

15340 JOG ROAD
#200
DELRAY BEACH FL 33446



2. Principal Place of Business

5350 W. Atlantic Ave

3. Mailing Address

Same as #2

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Delray Beach FL

City & State

4. FEI Number

65-0953412

Applied For

Not Applicable

Zip

33484

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MORTON GROUP, INC.
15340 JOG ROAD, STE 200
DELRAY BEACH FL 33446

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5350 W. Atlantic Ave #102

City Delray Beach

FL

Zip Code 33484

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

4-11-06

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State.

Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete
NAME MORTON GROUP, INC.
STREET ADDRESS 15340 JOG ROAD, STE 200
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5350 W Atlantic Ave #102
CITY-ST-ZIP Delray Beach, FL 33484

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Signature Phone #

Michael Morton

4/11/06

561 865-9222