2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

05-10-2007 90419 005 ****50.00

DOCUMENT # L99000006369

1. Entity Name
STONYBROOK APARTMENTS AT BOYNTON BEACH LLC

Principal Place of Business	Mailing Address
15340 JOG ROAD #200 DELRAY BEACH, FL 33446	15340 JOG ROAD #200 DELRAY BEACH, FL 33446

01242007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5350 W. Atlantic Ave	5350 W Atlantic Ave
Suite, Apt. #, etc.: #102	Suite, Apt. #, etc.: #102
City & State: Delray Beach, Fl	City & State: Delray Beach, Fl
Zip: 33484 Country: USA	Zip: 33484 Country: USA

4. FEI Number: 65-0953412 ☐ Applied For ☐ Not Applicable

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
MORTON GROUP, INC. 15340 JOG ROAD, STE 200 DELRAY BEACH, FL 33446	Name: Morton Group, Inc. 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] Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 4/20/07

Filing Fee is $50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORTON GROUP, INC. 5350 W ATLANTIC AVE #102 DELRAY BEACH, FL 33484	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Morton, Michael 5350 W. Atlantic Ave Delray Beach FL 33446	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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] 4/20/07 561 865 9222

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