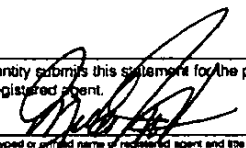
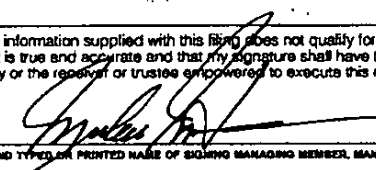


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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 15340 JOG ROAD #200 DELRAY BEACH, FL 33446		Mailing Address 15340 JOG ROAD #200 DELRAY BEACH, FL 33446	
2. Principal Place of Business - No P.O. Box # 5350 W. Atlantic Ave		3. Mailing Address 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 MORTON GROUP, INC. 15340 JOG ROAD, STE 200 DELRAY BEACH, FL 33446		7. Name and Address of New Registered Agent 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 		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
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
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 registered or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		DATE 4/20/07 Daytime Phone # 561 865-9222	