2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
00 MAY 10 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000007553

1. Entity Name
STONEWOOD HEATHROW, L.L.C.

Principal Place of Business	Mailing Address
140 SOUTH ATLANTIC AVENUE, SUITE 300 ORMOND BEACH FL 32176	140 SOUTH ATLANTIC AVENUE, SUITE 300 ORMOND BEACH FL 32176-6698

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1210 International Parkway South	
Suite, Apt. #, etc.: #146	Suite, Apt. #, etc.
City & State: Heathrow, Fl	City & State
Zip: 32746 / Country: Seminole	Zip / Country

4. FEI Number: 59-3607232 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SULLIVAN, DOUGLAS E
140 SOUTH ATLANTIC AVENUE, SUITE 300
ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent

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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM D & G LINKS, LLC 140 SOUTH ATLANTIC AVENUE, SUITE 300 ORMOND BEACH FL 32176 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500003279165--4 -06/07/00--01005--008 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/99)

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: SIGNATURE REQUIRED [signature] 4/15/00 904-677-1167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #