2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90235 021 ****50.00

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DOCUMENT # L99000007553

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

Principal Place of Business	Mailing Address
1210 INTERNATIONAL PARKWAY SOUTH SUITE 146 HEATHROW FL 32746	1210 INTERNATIONAL PARKWAY SOUTH SUITE 146 HEATHROW FL 32746

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	140 S Atlantic Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc. 300
City & State	City & State Ormond Beach FL
Zip / Country	Zip 32176 / Country USA

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. 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 reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STONEWOOD RESTAURANT GROUP	NAME	
STREET ADDRESS	140 SOUTH ATLANTIC AVENUE, SUITE 300	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32176	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (10/02)

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 4/8/03 386-677-1167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #