## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 10, 2005 08:00 AM **DOCUMENT # L99000009071** Secretary of State 1. Entity Name STOCKINGBROOK PROPERTIES, LLC Principal Place of Business Mailing Address 1640 LISCOURT DRIVE 1640 LISCOURT DRIVE VENICE, FL 34292 VENICE, FL 34292 CR2E083 (10/03) 01072005 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0968880 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent MACARTHUR, LINDSAY DO NOT WRITE 1640 LISCOURT DRIVE VENICE, FL 34292 \_ IN THIS SPACE 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 Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS MGR TITLE U00000175853 MACARTHUR, LINDSAY 01/10/05-80068-012 50.00 STREET ADDRESS 1640 LISCOURT DRIVE CITY-ST-ZIP VENICE, FL 34292 MGR TITLE MACARTHUR, WARRENE S NAME STREET ADDRESS 1640 LISCOURT DRIVE CITY-ST-ZIP VENICE, FL 34292 TIBE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filting loss 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

IGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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**FILED**