


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L99000009071 1. Entity Name STOCKINGBROOK PROPERTIES, LLC	
---	---

Principal Place of Business 1640 LIS COURT DRIVE VENICE, FL 34292	Mailing Address 1640 LIS COURT DRIVE VENICE, FL 34292
---	---

DO NOT WRITE IN THIS SPACE



01072007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-0968880	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MACARTHUR, LINDSAY
1640 LIS COURT DRIVE
VENICE, FL 34292

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MACARTHUR, LINDSAY 1640 LIS COURT DRIVE VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MACARTHUR, WARRENE S 1640 LIS COURT DRIVE VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000656333
03/14/07-80020-014 50.00

**DO NOT WRITE
IN THIS SPACE**

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