

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000394

FILED
Jan 04, 2007
Secretary of State

Entity Name: STONEHENGE BUILDERS, LLC

Current Principal Place of Business:

16051 ADDISON RD
SUITE 218
ADDISON, TX 75001

New Principal Place of Business:

Current Mailing Address:

16051 ADDISON RD
SUITE 218
ADDISON, TX 75001

New Mailing Address:

FEI Number: 75-2734479

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEASY, GEOFF
6685 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SHARP, JOHN C JR
Address: 16051 ADDISON ROAD, SUITE 218
City-St-Zip: ADDISON, TX 75001

Title: MGR () Delete
Name: SHARP, MARK
Address: 16051 ADDISON ROAD, SUITE 218
City-St-Zip: ADDISON, TX 75001

Title: MGR () Delete
Name: DEASY, GEOFF
Address: 16051ADDISON ROAD, SUITE 215
City-St-Zip: ADDISON, TX 75001

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: DEASY, GEOFF
Address: 16051ADDISON ROAD, SUITE 218
City-St-Zip: ADDISON, TX 75001

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN C. SHARP,JR.

PRES

01/04/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date