

# **2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M05000004628

**FILED**  
**Sep 22, 2008**  
**Secretary of State**

**Entity Name:** STONEWOOD APARTMENTS, LLC

**Current Principal Place of Business:**

3520 MARY STREET, SUITE 306  
MIAMI, FL 33133

**New Principal Place of Business:**

5393 SHORELINE CIRCLE  
SANFORD, FL 32771

**Current Mailing Address:**

3520 MARY STREET, SUITE 306  
MIAMI, FL 33133

**New Mailing Address:**

5393 SHORELINE CIRCLE  
SANFORD, FL 32771

**FEI Number:** 20-3338539

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEVINE, ALAN W ESQ.  
110 BRICKELL AVE., 7TH FLOOR  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

KOIVU, MARK T  
5393 SHORELINE CIRCLE  
SANFORD, FL 32771 US

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: MARK T. KOIVU

09/22/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: STYLES HOLIDINGS, LLC,  
Address: 3520 MARY STREET, SUITE 306  
City-St-Zip: MIAMI, FL 33133

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: JAXOLD CORPORATION,  
Address: 5393 SHORELINE CIRCLE  
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify 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: MARK T. KOIVU, PRESIDENT OF MANAGER

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09/22/2008

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