2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Mar 02, 2007 08:00 A DOCUMENT # M06000002837 **Secretary of State** 1. Entity Namo STONEHILL ENTERPRISES, LLC Mailing Address Principal Place of Business 3024 MERRICK RD. 3024 MERRICK RD. WANTAGH NY 11793 WANTAGH NY 11793 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) Applied For City & Stato City & State 4. FEI Number 16-1752919 Not Applicable \$5.00 Additional Country Zip Country Zıp 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo GOUDREAU, CHERRIE J ESQ. Street Address (P.O. Box Number is Not Acceptable) 8551 WEST SUNRISE BLVD SUITE 208 FT LAUDERDALE FL 33322 Zip Code City 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 Signisture, typed or printed name of registered agent and title if applicable (NOTE: Registered Agont signature required whom reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Addition ☐ Change ☐ Delele IIIIE DITTE MGR NAME KHAZZAM, ALFRED U00000655209 STULLE ADDRESS STRUCT ADDRESS 3024 MERRICK RD. 03/13/07-80095-021 55.00 CITY - S1-7IP CHY-ST-ZIP WANTAGH NY 11793 ☐ Change Addition DITTE Delete IIItE NAME. NAME STREET ADDRESS STREET ADDRESS CITY-\$1-7/P CHY-SI-7/P Change Addition Delete HAME NAME." STREET ADDRESS STREET ADDRESS CITY-ST-7IP CMY-SI-7F Change ■ Addition HILL ☐ Defele TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-7IP ☐ Change Addition HHI Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-S1-209 Change Addition MILL Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-S1-7IP C11Y-S1-71P 11. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 2/25/07
SIGNATURE SIGNATURE AND TYPED OR PHYNTED NAME OF SIGNING MANAGING ME HIBER, MANAGEN OR AUTHORIZED REPRESENTATIVE Daily Day Day Intro Phura