## FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS 97 APR 15 AM 11: 08 **FILING FEE** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee SECRETARY OF STATE TALLAHASSEE, FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 203.75 Name and Mailing Address of Limited Liability Company **DOCUMENT** #M95000000273 1a. Principal Place of Business Address STONEBROOK INVESTORS, LIC 2637 MCCORMICK DR. 637 MCCORMICK DR. CLEARWATER FL 34619-1041 CLEARWATER FL 34619 If above mailing address is incorrect in any way, line through Incorrect Information and enter correction in Block 2a

2. Principal Place of Business

2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation tond's Edge 9/25/1995 ĠA 4. FEI Number Applied For City & State City & State 23-2824265 Not Applicable Chadds Ford 5. Date of Last Report 6. Certificate of Status Desired SB 75 Additional Lee Regoired 🔀 D5/01/1996 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent C<del>ayhor, Joseph W</del> 2637 MCCOPMICK DR TEADMANDED DY 24619 Zip Code Mantation 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered of the purpose of the purpo APR 1 4 1997 as registered agent, and accept the obligations DOMENIC A. BORRIELLO Assistant Vice President SIGNATURE DATE 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM FAIRVIEW CORPORATION, - 6-202, CHADDS FORD CHADDS FORD PA 19317 2 Pond's Edge Drive MGRM PARKEMORE CORPORATIO, 1 6 202, CHADDS FORD CHADDS FORD PA 2 Pond's Edge Drive 19317 90**0002143929--**5 \*\*\*\*203.75 \*\*\*\*203.75 900002143929---S -04/15/97--01071--021 \*\*\*\*166.25 \*\*\*\*\*\*8.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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 report or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: