

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAY -8 PM 1:14

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # M95000000273**

STONEBROOK INVESTORS, LLC
P.O. BOX 999
CHADDS FORD PA 19317

1a. Principal Place of Business Address

2 POND'S EDGE DRIVE
CHADDS FORD PA 19317

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

09/25/1995

3a. State of Formation

GA

4. FEI Number

23-2824265

☐ Applied For

☐ Not Applicable

5. Date of Last Report

04/15/1997

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☒

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

Name

C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, etc.

City

Plantation

Zip Code

FL

33324

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. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

MARY ALICE ROGERS

SIGNATURE

Mary Alice Rogers

Special Assistant Secretary

DATE May 7, 1998

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM FAIRVIEW CORPORATION,

2 POND'S EDGE DRIVE

CHADDS FORD PA

MGRM PARKEMORE CORPORATIO,

2 POND'S EDGE DRIVE

CHADDS FORD PA

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****197.50 ****197.50

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 receiver 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:

Bruce E. Moore

APR 21 1998

(610) 388-9600

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #