2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000062097

1. Entity Name
STONEY BROOK GENERAL PARTNER, INC.

Principal Place of Business	Mailing Address
GREENSPOON MARDER P.A. 201 E. PINE STREET, SUITE 500 ORLANDO, FL 32801	GREENSPOON MARDER P.A. 201 E. PINE STREET, SUITE 500 ORLANDO, FL 32801

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02072008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-4819071
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRAY, N. DWAYNE JR
GREENSPOON MARDER P.A.
201 E. PINE STREET, SUITE 500
ORLANDO, FL 32801

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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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000847189
03/13/08-80010-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LUCCHESE, FABRIZIO
STREET ADDRESS	105 WEST BEAVER CREEK SUITE 9 & 10
CITY-ST-ZIP	RICHMOND HILL ONT. LAB 1C6,
TITLE	D
NAME	MYERS, WILLIAM P
STREET ADDRESS	105 WEST BEAVER CREEK SUITE 9 & 10
CITY-ST-ZIP	RICHMOND HILL ONT. LAB 1C6,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DIRECTOR 2/22/08 407-425-6559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #