

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90210 031 \*\*\*\*50.00

**DOCUMENT # L03000028260**  
 1. Entity Name  
**A-J STONE LINERS, LLC**



Principal Place of Business  
**8500 ULMERTON ROAD #137**  
**DAVID BROIDA**  
**LARGO FL 33771**

Mailing Address  
**8500 ULMERTON ROAD #137**  
**DAVID BROIDA**  
**LARGO FL 33771**

24010005



MOORE CR2E083 (11/03)

2. Principal Place of Business  
**7000 PARK BLVD**  
 Suite, Apt. #, etc.  
**C**

3. Mailing Address  
**7000 PARK BLVD**  
 Suite, Apt. #, etc.  
**C**

City & State  
**PINELLAS PARK**

City & State  
**PINELLAS PARK**

Zip  
**33781** Country  
**USA**

Zip  
**33781** Country  
**USA**

4. FEI Number  
**61-1454958**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BROIDA, DAVID**  
**8500 ULMERTON ROAD #137**  
**LARGO FL 33771**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**7000 PARK BLVD**  
**SUITE C**  
 City **PINELLAS PARK** FL Zip Code **33781**

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 *David J Broida, Pres* (NOTE: Registered Agent signature required when reinstating) DATE **02-04-04**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGR	BROIDA, DAVID J	8500 ULMERTON ROAD #137	LARGO FL 33771	<input type="checkbox"/>
MGR	STONE, JERALD	8500 ULMERTON ROAD #137	LARGO FL 33771	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		7000 PARK BLVD, ST. C	PINELLAS PARK, FL 33781	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		7000 PARK BLVD, ST. C	PINELLAS PARK, FL 33781	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I 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 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.

SIGNATURE: *David J Broida, Pres* / **DAVID J. BROIDA, PRES.** DATE: **02-04-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE DAYTIME PHONE #