2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2006
Secretary of State

DOCUMENT# L05000121553

Entity Name: STONEWORKS PROPERTIES, LLC

Current Principal Place of Business:

2862 SHERWOOD DRIVE
NAVARRE, FL 32566

New Principal Place of Business:

Current Mailing Address:

2862 SHERWOOD DRIVE
NAVARRE, FL 32566

New Mailing Address:

FEI Number: 03-0579056 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHORTEN, LAWRENCE J
2862 SHERWOOD DR.
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

SHORTEN, LAWRENCE J
2862 SHERWOOD DRIVE
NAVARRE, FL 32566 US

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.

SIGNATURE: _____ 04/19/2006
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SHORTEN, LAWRENCE J
Address: 13409 GLEN TAYLOR LANE
City-St-Zip: HERNDON, VA 20171

Title: MGRM ( ) Delete
Name: SHORTEN, CLARENCE E
Address: 2862 SHERWOOD DR.
City-St-Zip: NAVARRE, FL 32566

Title: MGRM ( ) Delete
Name: SHORTEN, MICAELA E
Address: 2862 SHERWOOD DR.
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LAWRENCE J. SHORTEN MGRM 04/19/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date