2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED **DOCUMENT # B03000000250** 4. Entity Name US STONE-INSTALLATION LIMITED PARTNERSHIP 04 APR 30 AM 8: 00 IB-US Stone Limited Partnerhip == SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address C/O IDEAL BRANDS ENTERPRISES LLC C/O IDEAL BRANDS ENTERPRISES LLC 100 SOUTH THIRD STREET 100 SOUTH THIRD STREET COLUMBUS, OH 43215 COLUMBUS, OH 43215 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01272004 Chq-LP CR2E003 (10/03) Applied For 4. FEI Number City & State City & State 12-1529361 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KRINER, DEBORAH L Street Address (P.O. Box Number is Not Acceptable) 5500 VILLAGE BLVD., SUITE 200 WEST PALM BEACH, FL 33407 Zip Code 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 ture, typed or printed name of registered agent and title if applicable. DATE Capital Contributions as Shown on record. 10. Amount of Capital Contributions \$0.00 in FLORIDA to date. **\$141.25** A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12, GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY M01000002068 DOCUMENT # STREET ADDRESS NAME IDEAL BRANDS ENTERPRISES LLC STREET ADDRESS 100 SOUTH THIRD STREET CITY-ST-ZIP CITY-ST-ZIP COLUMBUS, OH 43215 <u>100036061331</u> DOCUMENT # STREET ADDRESS ns/11/04--01064--008 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STAPL DOCUMENT # STREET ADDRESS NAME 💃 STREET ADDRESS CITY-ST-ZIP 14. 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 General Partner of the limited partnership or I the appropriate of the present of the limited partnership or I the appropriate of the present of the limited partnership or I the appropriate of the present of the limited partnership or I the appropriate of the present of the limited partnership or I the appropriate of the appropri James A. Rutledge SIGNATURE: URE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER