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SECRE SAFE OF STATE 2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005 **DOCUMENT # B03000000250 IB-US STONE LIMITED PARTNERSHIP** Principal Place of Business Mailing Address C/OLDEAL BRANDS ENTERPRISES LLC C/O-IDEAL BRANDS ENTERPRISES LLC 100 SOUTH THURD STREET 100 SOUTH THURD STREET COLUMBUS, 0ft 43215 COLUMBUS, OH 43215 2. Principal Place of Business Mailing Address 4777 Chrisman Suite, Apt. #, etc. 04082005 Chg-LP CR2E003 (10/03) Applied For City & State 4 FEI Number 42-1529361 Not Applicable Country 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 **C T CORPORATION SYSTEM** Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 08/12/05--01062---007 **141.25 City 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. CONNIE BRYAN SPECIAL ASSISTANT SECRETARY 8/9/2005 SIGNATURE Signature, typed or printed name of registered ager@nd title it applics 9. Capital Contributions 10. Amount of Capital Contributions \$0.00 00,00 as Shown on record. in FLORIDA to date. 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 ADDRESS CHANGES ONLY M01000002068 DOCUMENT # STREET ADDRESS IDEAL BRANDS ENTERPRISES LLC NAME 100 SOUTH THIRD STREET STREET ADDRESS CITY-ST-ZIP COLUMBUS, OH 43215 CITY-ST-ZIP DOCUMENT A US Quartz Stone Management Corp. STREET ADDRESS STREET ADDREGG CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS F05000004588 STREET ADDRESS CITY-ST-7IP 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-ZIP DOCUMENT # STREET ADDRESS NAME . STREET ADDRESS CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Hunther certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

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