2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCÚMENT # L00000005502

1. Entity Name
MILLSTONE FORM & POUR, LLC



FILED Feb 09, 2004 8:00 am Secretary of State 02-09-2004 90186 015 ****50.00

				-	MI						
Principal Place of	f Business		Mailing Address								
395 COMMERCIAL COURT		395 COMMERCIAL COURT			# 300000						
SUITE D		SUITE D						_			
VENICE, FL 34292		VENICE, FL 34292			I MANAN ALI	BEILL BRITT BETT BETT SET	ni OCIII homi ani	II GIHI SEND US	EGL III IEEL		
Principal Place of Business 3. Mailing Address					-{ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
			140 Commerce Dr_				08)# 09# 48 # 1 8 # 08	# CEUI COUI CH		EU III 1841	
540 Commerce De.			Suite, Apt. #, etc.			1					
110:4 9			1/0 + 9			01292004	Chg-LLC	CR2E08	3 (10/03)		
City a State		City & State			4. FEI Numb	er		Ap	plied For		
VENICE FLORIDA.		VENICE FLORIDA		<u>α</u> .	65-100			———	t Applicable		
Zip		Country	Zip Country				I Orange Day ()		5.00 Add		
34292 SARASOTA			34292 SARASOTA			5. Certificate of Status Desired Fee Required					
	6. Name a	nd Address of Current	Registered Agent			7. Name and	Address of New F	Registered A	gent		
					Name						
BONE, BOONE, BOONE, HINES & KODA, P.A.			Street	Street Address (P.O. Box Number is Not Acceptable)							
1001 AVE DEL CIRCO				Street Address			er is Not Acceptabl	ic)		ļ	
P.O. BOX 1596 VENICE, FL 34285				· · · · · · · · · · · · · · · · · · ·							
VENICE, FL 34265						 _					
		•		City				FL	Zip Code	•	
8. The above nar	med entity:	submits this statement for	r the purpose of changing its	egistered office	or registe	red agent, or bo	th, in the State of FI	lorida. I am fa	miliar with,	and accept	
the obligations	is of register	ed agent.		•	-	•				·	
SIGNATURE										+	
Sign	grature, typed or	printed name of registered agent a	and title if applicable. (NOTE	Registered Agent sig	nature require	d when reinstating)		DATE			
						 -					
Filing Fee is \$50.00								ke check pa			
Due	by May	1, 2004					Florid	a Departme	int of Stati	•	
9.		AAAAA CINIC AEAGE	DO (MANAGERO	1.00		l	ADDITIONS	V011411050			
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CITY-ST-ZIP SARASOTA, FL 34240							34292				
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1 1			□ beicia	NAME Street addres	SS						
NAME			La Delete		ss					:	
NAME STREET ADDRESS CITY-ST-ZIP	utify that the	information supplied with	this filling does not qualify for	STREET ADORES CATY-ST-ZIP	stated in S	Section 119 07/3	(i) Florida Statutes	. I further cert	ify that the i	nformation	
NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby cer indicated on	n this report	is true and accurate and	n this filling does not qualify for that my signature shall have	STREET ADDRES CITY-ST-ZIP the exemption the same legal of	stated in S	made under oat	h; that I am a mana	. I further cert	ify that the ir	nformation er of the	
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NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby cer indicated on	n this report	is true and accurate and y or the receiver or truste	n this filling does not qualify for that my signature shall have	STREET ADDRES CITY-ST-ZIP the exemption the same legal are port as require	stated in S effect as if ed by Cha	made under oat pter 608, Florida	h; that I am a mana Statutes.	aging membe	r or manage	er of the	