



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90425 011 ****50.00

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|---|--|--|---|--|--|
| DOCUMENT # L00000009316 | | | |  | |
| 1. Entity Name STONEWORKZ, LLC | | | | | |
| Principal Place of Business 9600 PARKSOUTH COURT SUITE 100 ORLANDO, FL 32837 | | | Mailing Address 3890 W. NORTHWEST HWY SUITE 230 DALLAS, TX 75220 | | |
| 2. Principal Place of Business 3890 W. Northwest Hwy | | 3. Mailing Address | | 20010935  | |
| Suite, Apt. #, etc. Suite 230 | | Suite, Apt. #, etc. | | 02162006 Chg-LLC CR2E083 (11/05) | |
| City & State Dallas, Tx 75220 | | City & State | | 4. FEI Number 59-3667599 | |
| Zip Country 75220 Dallas | | Zip Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MITCHELL, PAM 9600 PARKSOUTH COURT ORLANDO, FL 32837-8366 | | | 7. Name and Address of New Registered Agent Name <u>Pamela B. Mitchell</u> Street Address (P.O. Box Number is Not Acceptable) 2024 Avenel Street City <u>Orlando</u> FL Zip Code <u>32828</u> | | |
| 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 <u><i>Pamela B. Mitchell</i></u> DATE <u>2-23-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BURRESS, MICHAEL 3890 W. NORTHWEST HWY., SUITE 230 DALLAS, TX 75220 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CHANCELLOR, STEPHEN 3890 W. NORTHWEST HWY., SUITE 230 DALLAS, TX 75220 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>M. Burress</i></u> | | | Michael R. Burress | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <small>Date</small> | | |
| 214 902-0133 | | | <small>Daytime Phone #</small> | | |