

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000006063

1. Entity Name
ROYAL GRANITE, LLC



Principal Place of Business

1001 SE 11TH ST.
HIALEAH, FL 33010

Mailing Address

1001 SE 11TH ST.
HIALEAH, FL 33010



04282004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1100390

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOMAS, JOSE
1001 SE 11TH STREET
HIALEAH, FL 33010

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000153166
05/04/04-80117-002 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRP
NAME	TOMAS, JOSE
STREET ADDRESS	1001 SE 11TH ST.
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	MEMV
NAME	COSTA, CORNELIO
STREET ADDRESS	1001 SE 11TH ST.
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	MEM
NAME	THE TOMAS FAMILY LIMITED PARTNERSHIP
STREET ADDRESS	1867 N.W. 72ND AVE.
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04/28/04

305-884-6600