
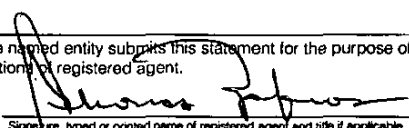
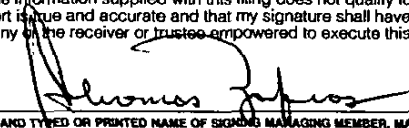


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90016 022 ****50.00

DOCUMENT # L01000011809 1. Entity Name EARTHSTONE INTERNATIONAL, LLC					
Principal Place of Business 349 BENOIST FARMS RD. WEST PALM BEACH, FL 33411			Mailing Address 349 BENOIST FARMS RD. WEST PALM BEACH, FL 33411		
2. Principal Place of Business 1501 53rd STREET <small>Suite, Apt. #, etc.</small>		3. Mailing Address 1501 53rd STREET <small>Suite, Apt. #, etc.</small>			
City & State WEST PALM BEACH, FL Zip 33407		City & State WEST PALM BEACH, FL Zip 33407		4. FEI Number 65-1131922	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ZAFROS, THOMAS 349 BENOIST FARMS RD WEST PALM BEACH, FL 33411			7. Name and Address of New Registered Agent Name THOMAS ZAFROS Street Address (P.O. Box Number is Not Acceptable) 1501 53rd STREET City WEST PALM BEACH FL Zip Code 33407		
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  DATE 4/22/2005 <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, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZAFROS, THOMAS 13764 ISHNALA CIRCLE WELLINGTON, FL 33414	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZAFROS, DIANA S 13764 ISHNALA CIRCLE WELLINGTON, FL 33414	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZAFROS, TIMOTHY A 2306 MARTIN STREET ORLANDO, FL 32806	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			4/22/2005		561-842-1160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #

20047600

