

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011809

FILED
Apr 27, 2006
Secretary of State

Entity Name: EARTHSTONE INTERNATIONAL, LLC

Current Principal Place of Business:

1501 53RD ST
WEST PALM BEACH, FL 33407 US

New Principal Place of Business:

Current Mailing Address:

1501 53RD ST
WEST PALM BEACH, FL 33407 US

New Mailing Address:

FEI Number: 65-1131922 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ZAFROS, THOMAS
1501 53RD ST
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ZAFROS, THOMAS
Address: 13764 ISHNALA CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM () Delete
Name: ZAFROS, DIANA S
Address: 13764 ISHNALA CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM () Delete
Name: ZAFROS, TIMOTHY A
Address: 2306 MARTIN STREET
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: ZAFROS, TIMOTHY A
Address: 1104 PALOS VERDE DRIVE
City-St-Zip: ORLANDO, FL 32825

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS ZAFROS

MGRM

04/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date