
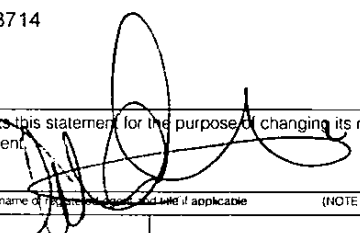
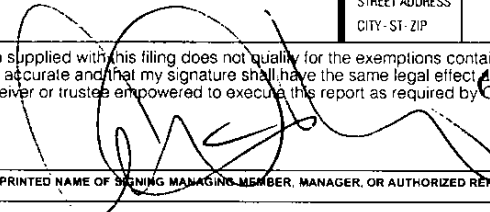


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90048 014 ****50.00

DOCUMENT # L02000002749					
1. Entity Name STONECRAFTERS TILE & MARBLE INSTALLATION, L.L.C.					
Principal Place of Business 3120 39TH AVE. NORTH ST. PETERSBURG, FL 33714			Mailing Address 3120 39TH AVE. NORTH ST. PETERSBURG, FL 33714		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 01-0625952	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent VAN ALCHIN, ANTHONY 3120 39TH AVE. NORTH ST. PETERSBURG, FL 33714			7. Name and Address of New Registered Agent Name: <u>Alchin, Anthony Van</u> Street Address (P.O. Box Number is Not Acceptable): <u>3120 39th Ave N</u> City: <u>St Petersburg</u> FL <u>33714</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: 					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAN ALCHIN, ANTHONY 3120 39TH AVE. N SAINT PETERSBURG, FL 33714	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr Alchin, Anthony Van
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALTER, RANDALL F 3120 39TH AVE. N SAINT PETERSBURG, FL 33714	<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	MGR WALTER, RANDALL F 3120 39TH AVE. N SAINT PETERSBURG, FL 33714	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date	Daytime Phone #