

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000003075

Entity Name: ARTISAN STONE EXPERIENCE, LLC

FILED  
Jan 11, 2005  
Secretary of State

**Current Principal Place of Business:**

1225 FRUITVILLE RD.  
SARASOTA, FL 34236

**New Principal Place of Business:**

1515 FRUITVILLE ROAD  
SARASOTA, FL 34236

**Current Mailing Address:**

1225 FRUITVILLE RD.  
SARASOTA, FL 34236

**New Mailing Address:**

1515 FRUITVILLE ROAD  
SARASOTA, FL 34236

FEI Number: 02-0586154

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GATES, CHAD L  
1680 FRUITVILLE ROAD  
SUITE 102  
SARASOTA, FL 34236 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: MILLER, MARK S  
Address: 1225 FRUITVILLE RD.  
City-St-Zip: SARASOTA, FL 34236

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARK. S. MILLER

MGRM

01/11/2005

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