


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90041 047 \*\*\*138.75

<b>DOCUMENT # L02000003075</b>			
1. Entity Name <b>ARTISAN STONE EXPERIENCE, LLC</b>			
Principal Place of Business <b>1515 FRUITVILLE ROAD SARASOTA, FL 34236</b>		Mailing Address <b>1515 FRUITVILLE ROAD SARASOTA, FL 34236</b>	
2. Principal Place of Business - No P.O. Box # <b>1074 NORTH ORANGE</b>		3. Mailing Address <b>1074 NORTH ORANGE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>SARASOTA FLORIDA</b>		City & State <b>SARASOTA, FLORIDA</b>	
Zip <b>34236</b>	Country <b>USA</b>	Zip <b>34236</b>	Country <b>USA</b>
4. FEI Number <b>02-0586154</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>GATES, CHAD L 1680 FRUITVILLE ROAD SUITE 102 SARASOTA, FL 34236</b>		Name <b>EMMA J. JOELS</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>1074 NORTH ORANGE AVENUE</b>	
		City <b>SARASOTA</b>	
		FL Zip Code <b>34236</b>	
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 <i>Joels</i> <b>EMMA JOELS</b>		DATE <b>4/16/2008</b>	
<p><b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b></p> <p>Make check payable to Florida Department of State</p>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>MGRM</b>	NAME <b>MILLER, MARK S</b>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <del>1225 FRUITVILLE RD</del> <b>1074 NORTH ORANGE</b>	CITY-ST-ZIP <b>SARASOTA, FL 34236</b>	TITLE <b></b>	NAME <b></b>
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b></b>	NAME <b></b>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b></b>	NAME <b></b>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b></b>	NAME <b></b>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b></b>	NAME <b></b>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>[Signature]</i>		DATE <b>4/16/2008</b> DAYTIME PHONE # <b>941-366-9936</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE DAYTIME PHONE #	