


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 01, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000005940**  
 1. Entity Name  
 ARCHITECTURAL STONE, LLC



Principal Place of Business 82 MIRACLE MILE CORAL GABLES, FL 33134	Mailing Address 82 MIRACLE MILE CORAL GABLES, FL 33134
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**DO NOT WRITE IN THIS SPACE**



02202004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 76-0716371	Applied For Not Applicable
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5. Certificate of Status Desired.  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
 MARIUTTO, MICHAEL  
 82 MIRACLE MILE  
 CORAL GABLES, FL 33134

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2004**

U000000072576  
 03/01/04-80116-018 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARIUTTO, MICHAEL 82 MIRACLE MILE CORAL GABLES, FL 33134
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**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** *Michael J. Mariutto*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_