2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000005940

1. Entity Name
ARCHITECTURAL STONE, LLC

Principal Place of Business	Mailing Address
82 MIRACLE MILE CORAL GABLES, FL 33134	82 MIRACLE MILE CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

01132005No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
76-0716371	Not Applicable

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

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MARIUTTO, MICHAEL
STREET ADDRESS	82 MIRACLE MILE
CITY-ST-ZIP	CORAL GABLES, FL 33134

TITLE	D
NAME	TONGEN, KAREN
STREET ADDRESS	82 MIRACLE MILE
CITY-ST-ZIP	CORAL GABLES, FL 33134

TITLE	
NAME	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

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01/25/05-80103-009 50.00

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11. I hereby certify that the information supplied with this filing does not qualify 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 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: _____   1/19/05   (305) 445-6200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #