


# **AMENDED** **2004 LIMITED LIABILITY COMPANY** **ANNUAL REPORT**

04-05-2004 90493 019 \*\*\*\*50.00  
L02000006934

|  |         |   |         |
|--|---------|---|---------|
| <b>DOCUMENT # L02000006934</b>   |         |  |         |
| 1. Entity Name<br><b>THE STONE STORE, LLC</b>  |         |   |         |
| Principal Place of Business<br><b>3040 GATEWAY DRIVE<br/>POMPANO BEACH, FL 33069</b> |         | Mailing Address<br><b>3040 GATEWAY DRIVE<br/>POMPANO BEACH, FL 33069</b>          |         |
| 2. Principal Place of Business   |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.   |         |
| City & State   |         | City & State  |         |
| Zip  | Country | Zip   | Country |

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 APR -7 AM 8:09



03182004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
~~AR18060R~~ **75-3049433** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent   |  | 7. Name and Address of New Registered Agent        |  |
| <b>SCHIMMEL, ROBERT L</b><br><b>3191 CORAL WAY</b><br><b>PH-2</b><br><b>MIAMI, FL 33145</b> |  | Name   |  |
|   |  | Street Address (P.O. Box Number is Not Acceptable) |  |
|   |  | City   |  |
|   |  | <b>FL</b> Zip Code                                 |  |

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 re-stating) DATE \_\_\_\_\_

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

**Make check payable to**  
**Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS |                                 |                                 | 10. ADDITIONS/CHANGES |                                     |  |
|------------------------------|---------------------------------|---------------------------------|-----------------------|-------------------------------------|--|
| TITLE                        | MGRM                            | <input type="checkbox"/> Delete | TITLE                 |                                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         | BERMINGHAM, STEPHEN M           |                                 | NAME                  |                                     |  |
| STREET ADDRESS               | 1902 EAST HALLANDALE BEACH BLVD |                                 | STREET ADDRESS        | 1920 EAST HALLANDALE BLVD, STE PH-6 |  |
| CITY-ST-ZIP                  | HALLANDALE BEACH, FL 33009      |                                 | CITY-ST-ZIP           |                                     |  |
| TITLE                        |                                 | <input type="checkbox"/> Delete | TITLE                 |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                         |                                 |                                 | NAME                  |                                     |  |
| STREET ADDRESS               |                                 |                                 | STREET ADDRESS        |                                     |  |
| CITY-ST-ZIP                  |                                 |                                 | CITY-ST-ZIP           |                                     |  |
| TITLE                        |                                 | <input type="checkbox"/> Delete | TITLE                 |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                         |                                 |                                 | NAME                  |                                     |  |
| STREET ADDRESS               |                                 |                                 | STREET ADDRESS        |                                     |  |
| CITY-ST-ZIP                  |                                 |                                 | CITY-ST-ZIP           |                                     |  |
| TITLE                        |                                 | <input type="checkbox"/> Delete | TITLE                 |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                         |                                 |                                 | NAME                  |                                     |  |
| STREET ADDRESS               |                                 |                                 | STREET ADDRESS        |                                     |  |
| CITY-ST-ZIP                  |                                 |                                 | CITY-ST-ZIP           |                                     |  |
| TITLE                        |                                 | <input type="checkbox"/> Delete | TITLE                 |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                         |                                 |                                 | NAME                  |                                     |  |
| 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 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:**   
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**MAR 31, 04/954-956-8611**  
Date Daytime Phone #