

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015258

FILED
Mar 17, 2005
Secretary of State

Entity Name: PLATINUM COAST STONE AND TILE SUPPLIES, INC.

Current Principal Place of Business:

10971 K-NINE DR.
STE. C
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

Current Mailing Address:

3390 RANDALL BLVD.
NAPLES, FL 34120 US

New Mailing Address:

10971 K-NINE DR.
SUITE C
BONITA SPRINGS, FL 34120 US

FEI Number: 06-1641460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUSTIN, ARLENE F ESQ.
5811 PELICAN BAY BLVD.
SUITE 201
NAPLES, FL FL US

Name and Address of New Registered Agent:

COSENTINO, EDWARD
PLATINUM COAST STONE AND TILE SUPPLIES LLC
10971 K-NINE DR.
SUITE C
BONITA SPRINGS, FL 34120 US

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: EDWARD COSENTINO

03/17/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: COSENTINO, EDWARD
Address: 3390 RANDALL BLVD.
City-St-Zip: NAPLES, FL 34120

Title: MGRM () Delete
Name: SPINELLI, VINCENT T
Address: 181 19TH STREET SW
City-St-Zip: NAPLES, FL 34117

ADDITIONS/CHANGES:

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

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: EDWARD COSENTINO

MGRM

03/17/2005

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