## **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## **DOCUMENT # L02000016324**



**FILED** Feb 21, 2006 8:00 am Secretary of State

1. Entity Nam STUART	CERAMIC SHOP, LLC.		. ,			02-21-2006 9	901/9/04/	****50.0	J0
Principal Place of Business Mailing Address		Mailing Address	ss			~ v u			
15 MARTIN LUTHER KING BLVD. Stuart, Fl. 34994		C/O LAW OFFICES OF GRAZI AND GIANINO PO DRAWER 2846 Stuart, FL 34995		 	PG#5 (181) 481) Po#1 B8	WI <b>22</b> 141 METE EME	. HWE HEA EXE	<b>ifa</b> i (ii <b>iai</b> t	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01242006	Chg-LLC	CR2E083	3 (11/05)		
City & State		City & State			4. FEI Numbe 05-056		,	<u> </u>	pplied For at Applicable
Zip	Country	Zip Coun		try	5. Certificate	of Status Desired		5.00 Add se Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
GRAZI, LEIF J				Name					
217 EAST OCEAN BLVD STUART, FL 34994				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code	9
the obligat	named entity submits this statement for lons of registered agent.	the purpose of changing its r	registere	d office or register	ed agent, or bot	h, in the State of Flo	orida. I am far	I niliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered	Agent signature required	when reinstating)		DATE		
	- ph.				The second secon	<del></del>			
Filing Fee is \$50.00 Due by May 1, 2006						Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANA		RS/MANAGERS	10.			ADDITIONS	/CHANGES		
TITLE	MGRM	☐ Delete	TITLE				[	_ Change	☐ Addition
NAME	GRAZI, DEBRA J		1						
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP	STUART, FL 34994		4-	ST-ZIP					
TITLE	MGRM	Delete	TITLE				[	Change	☐ Addition
NAME STREET ADDRESS	GRAZI, LEIF J 217 E. OCEAN BLVD		NAME	T ADDRESS					
CITY-ST-ZIP				ST-ZIP					
TITLE	MGRM	☐ Defete	TITLE					Change	☐ Addition
NAME	PARSONS, CASSANDRA		NAME	Į.			•		
STREET ADDRESS			STREE	T ADDRESS					
CITY-ST-ZIP	STUART, FL 34994		CITY-	ST-ZIP			`		
TITLE		☐ Delete	TITLE	<b>I</b>			(	Change	☐ Addition
NAME			NAME	II.					
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP					
			Girt-	DI-EIF					
TITLE		П 6-1	T/71 =	<del></del>				T 05	
TITLE NAME		☐ Delete	TITLE	1	·			Change	☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	NAME	1			[	Change	Addition

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

URE: SIGNATURE AND TYPED OR PRINTED NAME OF BIONING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

TITLE

NAME

STREET ADDRESS

C!TY-ST-ZIP

DOBRA GRAN

772-287-7000

☐ Change

☐ Addition