

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-21-2006 90179 047 ****50.00

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|---|--|---------------------------|--|--|--|
| DOCUMENT # L02000016324 | | | | | |
| 1. Entity Name STUART CERAMIC SHOP, LLC. | | | | | |
| Principal Place of Business 15 MARTIN LUTHER KING BLVD. STUART, FL 34994 | | | Mailing Address C/O LAW OFFICES OF GRAZI AND GIANINO PO DRAWER 2846 STUART, FL 34995 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 05-0563139 | |
| Zip | | Country | | Applied For Not Applicable | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| GRAZI, LEIF J 217 EAST OCEAN BLVD STUART, FL 34994 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City | |
| FL | | | | 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 reinstating) _____ DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GRAZI, DEBRA J 15 MARTIN LUTHER KING BLVD STUART, FL 34994 | | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GRAZI, LEIF J 217 E. OCEAN BLVD STUART, FL 34994 | | | <input checked="" type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PARSONS, CASSANDRA 217 E. OCEAN BLVD STUART, FL 34994 | | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PARSONS, CASSANDRA 217 E. OCEAN BLVD STUART, FL 34994 | | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PARSONS, CASSANDRA 217 E. OCEAN BLVD STUART, FL 34994 | | | <input type="checkbox"/> Delete | |
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| 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. | | | | | |
| SIGNATURE: DEBRA GRAZI 2/15/06 772-287-7000 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # | | | | | |