2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 25, 2009
Secretary of State

DOCUMENT# L02000019472

Entity Name: NATURAL STONE CONCEPTS, L.L.C.

Current Principal Place of Business:

1025 POWER STREET
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

1025 POWER STREET
NAPLES, FL 34104

New Mailing Address:

FEI Number: 16-1619263 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CARLOS, MAGILEWSKI
2605 64TH ST SW
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	MAGILEWSKI, ELDA E	
Address:	2605 64TH ST SW	
City-St-Zip:	NAPLES, FL 34105	
Title:	MGRM	( ) Delete
Name:	ANGELL, EDWARD J	
Address:	9549 WILSHIRE LAKES BLVD	
City-St-Zip:	NAPLES, FL 34109	
Title:	MGR	( ) Delete
Name:	CARLOS, MAGILEWSKI	
Address:	2605 64TH STREET SW	
City-St-Zip:	NAPLES, FL 34105	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 exemption stated in Chapter 119, 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 J. ANGELL MGRM 06/25/2009

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