2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Sep 22, 2004 8:00 am Secretary of State **DOCUMENT # L03000017168** 08-31-2004 90032 023 ****50.00 STONEBRITE LLC Principal Place of Business Mailing Address 34010514 12350 BELCHER RD 12350 BELCHER RD 13A LARGO, FL 33773 LARGO, FL 33773 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06302004 CR2E083 (10/03) Applied For City & State City & State 4. FEI Number 10-DD Not Applicable Zio Country Country \$5.00 Additional Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEON, ANTHONY-16 DODECANESE BLVD Street Address (P.O. Box Number is Not Acceptable) TARPON SPRINGS, FL 34689 City 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. are, typed or printed name of registered agent and tile if applicable. (NOTE: Registered Agent signature required when remotating) Filing Fee is \$50.00 Due by September 8, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. Addition TITLE TITLE ☐ Change Director HAVE Livery NAME Rd #13 A 1235**6** STREET ACCRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZP Detete MILE TITLE ☐ Chance Addition NULE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP THE F Delete TITLE ☐ Change Addition NAME " NAME STREET ADDRESS STREET ADORESS CITY-57-7P CITY-ST-ZP ☐ Defete TITLE Change Addition NAME NALE STREET ACCRESS STREET ADORESS CTY-ST-ZP CITY-ST-ZP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CCTY-ST-ZP DTY-ST-78 11. I hereby certify that the information supplied with this filling 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. 8/24/04

FILED