

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023541

FILED  
Feb 15, 2004  
Secretary of State

Entity Name: ROCK STONE ENTERPRISES, LLC

## Current Principal Place of Business:

2127 SHADOW VIEW CIRCLE  
MAITLAND, FL 32751

## New Principal Place of Business:

488 MISTY OAKS RUN  
CASSELBERRY, FL 32707 US

## Current Mailing Address:

P.O. BOX 300635  
FERN PARK, FL 32730

## New Mailing Address:

P.O. BOX 300635  
FERN PARK, FL 32730 US

FEI Number: 06-1700050

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, ODIS E  
622 RENAISSANCE POINTE  
#306  
ALTAMONTE SPRINGS, FL 32714 US

## Name and Address of New Registered Agent:

WILLIAMS, NORMAN E  
488 MISTY OAKS RUN  
CASSELBERRY, FL 32707 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: NORMAN E WILLIAMS JR

02/15/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: WILLIAMS, ODIS E  
Address: P.O. BOX 300635  
City-St-Zip: FERN PARK, FL 32730

Title: MGRM (X) Delete  
Name: WILLIAMS, NORMAN E JR.  
Address: P.O. BOX 150222  
City-St-Zip: ALTAMONTE SPRINGS, FL 32715

Title: MGRM (X) Delete  
Name: WEBSTER, YVETTE S  
Address: P.O. BOX 150222  
City-St-Zip: ALTAMONTE SPRINGS, FL 32715

Title: MGRM (X) Delete  
Name: WILLIAMS, MAKYSHA S  
Address: P.O. BOX 150222  
City-St-Zip: ALTAMONTE SPRINGS, FL 32715

Title: MGRM (X) Delete  
Name: WILLIAMS, SHAKYMA N  
Address: P.O. BOX 150222  
City-St-Zip: ALTAMONTE SPRINGS, FL 32715

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: WILLIAMS, ODIS E  
Address: P.O. BOX 300635  
City-St-Zip: FERN PARK, FL 32730

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

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 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: ODIS E WILLIAMS

MGRM

02/15/2004

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