


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90035 030 ****50.00

DOCUMENT # L03000042752	
1. Entity Name GUARDIAN STUCCO, L.L.C.	

Principal Place of Business 488 FOREST SHORE DRIVE DESTIN FL 32550	Mailing Address 488 FOREST SHORE DRIVE DESTIN FL 32550
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2. Principal Place of Business <i>488 FOREST SHORE DRIVE</i>	3. Mailing Address <i>488 FOREST SHORE DRIVE</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>DESTIN, FL.</i>	City & State <i>DESTIN, FL.</i>
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Zip <i>32550</i>	Country <i>USA</i>	Zip <i>32550</i>	Country <i>USA</i>
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4. FEI Number <i>20-0371025</i>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent	
ROSS, DONALD E 488 FOREST SHORE DRIVE DESTIN FL 32550	

7. Name and Address of New Registered Agent	
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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSS, DONALD E 488 FOREST SHORE DRIVE DESTIN FL 32550 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GILLMAN, PHILIP 488 FOREST SHORE DRIVE DESTIN FL 32550 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing 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.

SIGNATURE: *Donald E. Ross*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/22/04 *858-837-3564*
 Date Daytime Phone #