


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90082 031 ****50.00

DOCUMENT # L03000048477	
1. Entity Name MONTEAGLE STONE LLC	

Principal Place of Business 17 ADAMS ST VENUS FL 33960 US	Mailing Address 17 ADAMS ST VENUS FL 33960 US
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2. Principal Place of Business 26167 CABANA Rd.	3. Mailing Address P.O. Box 367192
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State BONITA SPRINGS FLA.	City & State BONITA SPRINGS FLA.
Zip 34136	Zip 34136
Country US	Country US

4. FEI Number 320099518	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent HAMBY, VELVIN J 17 ADAMS ST VENUS-FL-33960	
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7. Name and Address of New Registered Agent Name HAMBY, VELVIN J. Street Address (P.O. Box Number is Not Acceptable) 26167 CABANA Rd. City BONITA SPRINGS FL Zip Code 34136	
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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 <i>Velvin J Hamby</i> Signature, typed or printed name of registered agent and title if applicable.	DATE 4/26/04 DATE

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004	
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAMBY, VELVIN J 17 ADAMS ST VENUS FL 33960 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAMBY, VELVIN J. 26167 CABANA Rd. BONITA SPRINGS, FLA. 34136 <input checked="" 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
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: <i>Velvin J Hamby</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE 4/26/04 Date	DAYTIME PHONE # 931-808-3995 Daytime Phone #
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