

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90208 031 ***138.75

DOCUMENT # L03000057328 1. Entity Name STONE-MART MARBLE & TRAVERTINE GROUP LLC			
Principal Place of Business 4902 WEST RIO VISTA AVE. SUITE B TAMPA, FL 33634 US		Mailing Address 4902 WEST RIO VISTA AVE. SUITE B TAMPA, FL 33634 US	
2. Principal Place of Business - No P.O. Box # 4900-DW RIO VISTA AVE		3. Mailing Address 4900-DW RIO VISTA AVE	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State TAMPA FL		City & State FL 33634	
Zip 33634		Country 	
4. FEI Number 20-0522788		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 OZER, UGUR 4902 WEST RIO VISTA AVE. SUITE B TAMPA, FL 33634		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4900-DW RIO VISTA AVE City TAMPA FL Zip Code 33634	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE 02-29-08	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM OZER, UGUR 4902 WEST RIO VISTA AVE. SUITE B, FL 33634 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE: 02-29-08 DAYTIME PHONE: 813-885-6900	