

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000057335

FILED
Sep 08, 2004
Secretary of State

Entity Name: JOHN PHILLIPS STUCCO & STONE LLC

Current Principal Place of Business:

608 LEMONWOOD DR
OLDSMAR, FL 34677 US

New Principal Place of Business:

Current Mailing Address:

608 LEMONWOOD DR
OLDSMAR, FL 34677 US

New Mailing Address:

FEI Number: 80-0085352

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILLIPS, JOHN
608 LEMONWOOD DR
OLDSMAR, FL, FL 34677 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: PHILLIPS, JOHN
Address: 608 LEMONWOOD DR
City-St-Zip: OLDSMAR, FL 34677 US

Title: MGRM () Delete
Name: LOCHRAN, LORELEI E
Address: 608 LEMONWOOD DR
City-St-Zip: OLDSMAR, FL 34677 US

Title: MGRM () Delete
Name: PHILLIPS, MATTHEW
Address: 608 LEMONWOOD DR
City-St-Zip: OLDSMAR, FL 34677 US

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: PHILLIPS, MATTHEW V
Address: 608 LEMONWOOD DR
City-St-Zip: OLDSMAR, FL 34677 US

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: JOHN PHILLIPS

MGR

09/08/2004

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