

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000057335

FILED
Aug 23, 2006
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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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/MANAGERS:

Title: MGR () Delete
Name: PHILLIPS, JOHN
Address: 608LEMONWOOD 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 V
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: () 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 Chapter 119, 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: LORELEI LOCHRAN

MGRM

08/23/2006

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