


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90019 035 ****55.00

DOCUMENT # L04000003286 1. Entity Name ZYLSTRA STUCCO AND STONE, L.L.C.		
Principal Place of Business 8850 FOWLER AVE. PENSACOLA FL 32534 US		Mailing Address 8850 FOWLER AVE. PENSACOLA FL 32534 US
2. Principal Place of Business 8848 Fowler Ave Suite, Apt. #, etc.	3. Mailing Address 8848 Fowler Ave Suite, Apt. #, etc.	
City & State Pensacola, FL Zip 32534 Country US.	City & State Pensacola, FL Zip 32534 Country U.S.	
4. FEI Number 30-0329136		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent ZYLSTRA, DEREK D 8850 FOWLER AVE PENSACOLA FL 32534		
7. Name and Address of New Registered Agent Name Derek D. Zylstra Street Address (P.O. Box Number is Not Acceptable) 8848 Fowler Ave City Pensacola, FL Zip Code 32534		
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 <u><i>Derek Zylstra</i></u> (NOTE: Registered Agent signature required when reinstating) DATE 05-01-06		
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZYLSTRA, DEREK D 8850 FOWLER AVE PENSACOLA FL 32534 <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
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>Derek Zylstra</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		
Date _____ Daytime Phone # _____		



1st MOORE CR2E083 (10/05)