

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 11, 2007 8:00 am**  
**Secretary of State**

07-11-2007 90013 049 \*\*\*\*50.00

|   |  |   |
|---|--|---|
| DOCUMENT # L04000004550                   |  |  |
| 1. Entity Name<br>EXCALIBUR STONE, L.L.C. |  |   |

|  |  |
|--|--|
| Principal Place of Business<br><del>4450 B PARKBREEZE CT</del><br><del>ORLANDO, FL 32808</del> | Mailing Address<br><del>4450 B PARKBREEZE CT</del><br><del>ORLANDO, FL 32808</del> |
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|--|---------|--|---------|
| 2. Principal Place of Business - No P.O. Box #<br>1350 Sheeler Ave<br>Suite, Apt. #, etc. Building 7 |         | 3. Mailing Address<br>2111 E Michigan St<br>Suite, Apt. #, etc. #140 |         |
| City & State<br>Apopka FL  |         | City & State<br>Orlando FL   |         |
| Zip<br>32703   | Country | Zip<br>32806   | Country |



05042007 Chg-LLC CR2E083 (12/06)

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|---|--|---|
| 4. FEI Number<br>81-0646416   |  | Applied For<br><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<br>GRAY, N. DWAYNE JR., ESQ<br>C/O GREENSPOON, MARDER, ET AL<br>135 WEST CENTRAL BLVD., SUITE 1100<br>ORLANDO, FL 32801 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|  |  |
|--|--|
| Filing Fee is \$50.00<br>Due by September 14, 2007 | Make check payable to<br>Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |  |
|--|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>VOGEL, RICK L<br>605 BUTLER STREET<br>WINDERMERE, FL 34786<br><input type="checkbox"/> Delete                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>GOELLNER, JASON P<br><del>4450 B PARKBREEZE CT</del><br><del>ORLANDO, FL 32808</del><br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S/T<br>HEFLIN, BRENDA<br><del>4450 B PARKBREEZE CT</del><br><del>ORLANDO, FL 32808</del><br><input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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:  04/30/07 407-876-0920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #