2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Apr 03, 2006 8:00 am Secretary of State

ANNUAL REPURT (AR)						Secrets	arv c	of St	ate	
DOCUMENT # L0400008685 1. Entity Name					Secretary of State 03-10-2006 90133 020 ****50.00					
THE EAR	OF STONE, LLC		/							
Principal Plac	e of Business	Mailing Address	ailing Address							
	ERLEAF LANE	5921 COPPERLEAF LANE								
#2 NAPLES FL US	34116	#2 NAPLES FL 34116 US								
2. Principal P	lace of Business	3. Mailing Address			· .					
Suite. Apt.	#, etc.	Suite, Apt. #, etc.			1st MOORE CR2E083 (10/05)					
City & Stat	e	City & State	City & State			20-083187	6		oplied For ot Applicable	
Zίρ	Country	Zìp 	Zip Country			5. Certificate of Status Desired				
	6. Name and Address of Curren	t Registered Agent			7. Name s	nd Address of New I				
	# (OL)			Name						
	JLICH, JOHN 111 ESQ ANCHOR RODE DR.		ļ			Street Address (P.O. Box Number is Not Acceptable)				
SUT	TE 203 PLES FL 34103									
NA	LL3 L 34 103	0			FL Zip Code					
	a named entity submits this statement	for the purpose of changing its	register	ed office or registe	ered agent, or	both, in the State of Fl		amiliar with,	and accept	
_	tions of registers or agent.	t tam					2/2	0/86	7	
SIGNATURE	Signature, typed or printed name of registered again	TE MYO (SEE II MONOMON). (NO.)	Regulate	d Agent signature requir	ed when remaluting		BATE	010 2		
				FEE IS \$50.00						
	50 <u>- 1</u> 5 - 1	Make Check Payabl	e to Fl	orlda Departm		j				
9.	MANAGING MEMB	[2000] [AGE 2003 SEE FRA	10.	ay 1, 2006		ADDITIONS	/CHANGES			
TITLE	MGRM AND MEMBER	Delete	TITU			ADDITIONS	7CHANGES	Change	Addition	
NAME	HARVEY, W. EARL		NAM							
STREET ADDRESS CITY-ST-7IP			ET ADDRESS -ST-ZIP							
गार्ख		☐ Delete	Titu			 		☐ Change	Addition	
NAME STREET ADDRESS			NAM	E Et address						
CITY-ST-7IP				-ST-ZIP						
NTLE		Oeletc	INF	,				Change	Addition	
NAME STREET ADDRESS	.		NAM STRE	E Et address						
CITY-ST-ZIP				- ST- ZIP						
TITLE NAME		☐ Delete	TTL	•				Change	Addition	
STREET ADDRESS			NAM STRE	ET ADORESS						
CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE		☐ Delete	DTLI NAM					☐ Change	Addition	
STREET ADORESS			STRE	ET ADORESS						
CITY-ST-ZIP				-ST-7/P	···.					
ITTLE NAME		☐ Delete	TITLI NAM	1				☐ Change	☐ Addition	
STREET ADDRESS			STRE	ET ADORESS		_				
CITY-ST-ZIP				-ST-ZIP			\sim			
11. I hereby indicaled limited lis	Certify that the information supplied wild on this report is true and accurate a ability company or the receiver or trus	ith this filling does not qualify to not that my signature shall have stee empowered to execute this	or the ex the sai report a	kemptions contain me legal effect as as required by Cha	ed in Section i if made unde apter 608, Flori	119, Florida Statutes. r oath; that I am a ma da Statutes.	Huther cert	ity that the in ober or mana	nformation ager of the	
SIGNAT	TURE: Con	8/7/Cer	~	//		3/29/	06))	
3.3114	SIGNATURE AND TYPED OR PRINTED NAME	OF SIGNING MANAGING MEMBER, MAN	IAGER, OF	AUTHORIZED BEINE	ENTATIVE	Date	Ci	eytime Phone #		