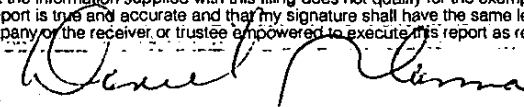


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90201 009 ****50.00

DOCUMENT # L04000009298 1. Entity Name FLORIDA STONE DESIGNS, LIMITED COMPANY			
Principal Place of Business 3385 S. MCCALL ROAD ENGLEWOOD, FL 34224 US		Mailing Address 3385 S. MCCALL ROAD ENGLEWOOD, FL 34224 US	
2. Principal Place of Business 3385 S. MCCALL RD.		3. Mailing Address 3385 S. MCCALL RD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ENGLEWOOD FL		City & State ENGLEWOOD FL	
Zip 34224		Zip 34224	
Country USA		Country USA	
4. FEI Number 20-0686616		☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GLASSMAN, DANIEL 3385 S. MCCALL ROAD ENGLEWOOD, FL 34224		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005.		Make check payable to Florida Department of State.	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GLASSMAN, DANIEL 3385 S. MCCALL ROAD ENGLEWOOD, FL 34224	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HALUNEN, MICHAEL 3385 S. MCCALL ROAD ENGLEWOOD, FL 34224	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIDS, WENDELL 2446 8TH AVENUE ST. JAMES CITY, FL 33956	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify 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 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 of the receiver, or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			
Date		Daytime Phone #	