



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 19, 2008 08:00 AM
Secretary of State

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|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L04000013025 1. Entity Name TOM EWELL STUCCO, LLC |  |
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| Principal Place of Business 138 DAVISON AVENUE N.E. ST. PETERSBURG, FL 33703 US | Mailing Address 138 DAVISON AVENUE N.E. ST. PETERSBURG, FL 33703 US |
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DO NOT WRITE IN THIS SPACE


05102008No Chg-LLC CR2E083 (12/07)

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|----------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number 20-0749620 | 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

**EWELL, THOMAS C
138 DAVISON AVENUE N.E.
ST. PETERSBURG, FL 33703**

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.
Due by September 12, 2008

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------------------------------------------|-----------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR EWELL, THOMAS C 138 DAVISON AVENUE N.E. ST. PETERSBURG, FL 33703 |
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06/04/08-80047-008 143.75

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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: Thomas C. Ewell / Thomas C. Ewell (5-10-08) (727-529020)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #