

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000034548**

1. Entity Name  
**MARY E. STONE, LLC**



Principal Place of Business  
**460 SOUTH VENICE BLVD.  
VENICE, FL 34293**

Mailing Address  
**460 SOUTH VENICE BLVD.  
VENICE, FL 34293**



02142008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1071741</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**STONE, MARY E  
460 SOUTH VENICE BLVD.  
VENICE, FL 34293**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM STONE, MARY E 460 SOUTH VENICE BLVD. VENICE, FL 34293</b>
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000000831084  
02/27/08-80003-014 138.75

**DO NOT WRITE  
IN THIS SPACE**

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:** MARY E. STONE 2-14-08 941 493-0745

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #