2008 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Apr 09, 2008 08:00 All Secretary of State DOCUMENT # L04000038737 1. Entity Name DAVID JONES'S STONE RESTORATION & SEALAND LLE Principal Place of Business Mailing Address 12372 E BIRCHBARK CT PO BOX 2324 INVERNESS, FL 34450 INVERNESS, FL 34450 04072008No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 26-3572622 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JONES, DAVID W DO NOT WRITE 12372 É BIRCHBARK CT INVERNESS, FL 34450 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 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000888400 04/22/08-80011-024 138.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME JONES, DAVID W 12372 E BIRCHBARK CT STREET ADDRESS CITY-ST-ZIP INVERNESS, FL 34450 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TILE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 receiper or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

you TED NAME OF ENGNING MANAGING MEMBER, OR ALITHORIZED REPRESENTATIVE