## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L04000049670

1. Entity Name

MARBLE & STONE INTERNATIONAL, LLC



FILED Feb 19, 2007 08:00 AM Secretary of State

Principal Place of Business

678 SHETTER AVE JACKSONVILLE BEACH, FL 32250 Mailing Address

678 SHETTER AVE

JACKSONVILLE BEACH, FL 32250



01112007 No Chg-LLC

CR2E083 (11/05)

| 58-2537044    | Not Applicable |
|---------------|----------------|
| 4. FEI Number | Applied For    |

Ċ.

. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

DO NOT WRITE IN THIS SPACE

FAVA, DONNA 678 SHETTER AVE JACKSONVILLE BEACH, FL 32250

DO NOT WRITE IN THIS SPACE

| <ol><li>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<br/>the obligations of registered agent.</li></ol> | . I am familiar with, and accept |
|--|----------------------------------|
| ine obligations of registered agent.   |                                  |
| SIGNATURE  |                                  |

(NOTE: Registered Agent signature regulred when reinstating)

## Filing Fee is \$50.00 Due by May 1, 2007

| 9.                                    | MANAGING MEMBERS/MANAGERS                                      |
|---------------------------------------|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM<br>FAVA, GIORGIO<br>220 PABLO RD<br>PONTE VEDRA, FL 32082 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM<br>FAVA, DONNA<br>220 PABLO RD<br>PONTE VEDRA, FL 32082   |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |

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:

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

2/15/01 904.242.9532

Daytime Phone