2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000063013

1. Entity Name
JVS STONE SUPPLY, LLC

Principal Place of Business	Mailing Address
3395 SW 74TH AVENUE #A-4 OCALA, FL 34474 US	3395 SW 74TH AVENUE #A-4 OCALA, FL 34474 US

DO NOT WRITE IN THIS SPACE

04142006No Chg-LLC CR2E083 (11/05)

4. FEI Number
33-1099809
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	ROUSE, HARVEY
STREET ADDRESS	12680 SW 48TH LANE ROAD
CITY-ST-ZIP	OCALA, FL 34481
TITLE	MGRM
NAME	ROUSE, ROBERTA
STREET ADDRESS	12680 SW 48TH LANE ROAD
CITY-ST-ZIP	OCALA, FL 34481
TITLE	MGRM
NAME	ROUSE, FRANK
STREET ADDRESS	12727 SW 48TH LANE ROAD
CITY-ST-ZIP	OCALA, FL 33481
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/01/06-80056-004 50.00

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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: Frank Rouse 04/14/06 352-237-8448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #