2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 27, 2007 8:00 am Secretary of State

Principal Place of Business 338 M 471H AVENUE 3385 M 471H AVENUE 3487 M 471H AVENUE 3	DOCUMENT # L04000063013 1. Entity Name JVS STONE SUPPLY, LLC				04-27-2007 90041 004 ****50.0	00
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City & State	2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Time	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01272007 Chg-LLC CR2E083 (12/06)	
S. Certificate of Status Desired Fee Required	City & State		City & State			
Name Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Country		al
Steel Address (P.O. Box Number is Not Acceptable) Steel Address (P.O. Box Number is Not Acceptable) City FL Zip Code City City FL Zip Code City FL Zip C	,-	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
Sizeet Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity sibmits his statement for the burpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Filling Fee is \$50.00 Due by May 1, 2007 P. MANAGING MEMBERS/ MANAGERS 10. ADDITIONS/CHANGES ITILI MGRM ROUSE, HARVEY 9. MANAGING MEMBERS/ MANAGERS 10. ADDITIONS/CHANGES ITILI MGRM ROUSE, HARVEY 12880 SW 48 TH LANE ROAD OCALA, FL 34481 OUT-51-2P OCALA, FL 34481 OCALA, FL 34481 OUSE, ROBERTA SIREI ADDRESS OCALA, FL 34481 OCALA, FL 34481 OUSE, FRANK SIREI ADDRESS OCALA, FL 34481 OUT-51-2P OCALA, FL 34481 OUT-51-2P OCALA, FL 34481 OUT-51-2P OCALA, FL 34481 OUSE, ROBERTA SIREI ADDRESS OCALA, FL 34481 OUT-51-2P OCALA, FL 34481 OCALA, FL 34481 OUT-51-2P OCA	CORPORA	ATION SERVICE COMPANY		Name		
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Speakurs International Speakurs International Int	1201 HAY	SSTREET		Street Addres	is (P.O. Box Number is Not Acceptable)	
8. The above named entity signmits this statement for the purpose of changing its registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature. Interest of private agent a		Complete La Santa La Santa		City	□ Zip Code	
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P. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Addition		Signature, typed or printed name of registered agent of	ind title if applicable. (NOTE	Registered Agent signature requ	ored when reinstating) DATE	
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limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

IATURE:

SIGNATURE AND TYPEO OF PRINTED AME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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