2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State
04-06-2005 90022 041 ***150.00

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1. Entity Name
DAN STONE INDUSTRIES, LLC

Principal Place of Business	Mailing Address
450 MARINER DRIVE JUPITER, FL 33477	450 MARINER DRIVE JUPITER, FL 33477

03282005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
201 S Narcissus Ave	201 S Narcissus Ave
Suite, Apt #, etc.: Apt 1002	Suite, Apt. #, etc.: Apt 1002
City & State: West Palm Beach	City & State: West Palm Beach, FL
Zip: 33401 Country: USA	Zip: 33401 Country: USA

4. FEI Number: 41-2153209 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HYMAN, SHERRY L
200 ADMIRALS COVE BLVD
STE. 417
JUPITER, FL 33477

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Dan Stone 201 S. Narcissus Ave West Palm Beach ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. President Susan J. Stone 201 S. Narcissus Ave ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Apt 1002 Florida 33401 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	W. Palm Beach, FL Apt. 1002 33401 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #