2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Mar 13, 2006 8:00 am Secretary of State **DOCUMENT # L04000071315** 03-13-2006 90350 014 ****50.00 1. Entity Name DAN STONE INDUSTRIES, LLC Principal Place of Business Mailing Address 201 S NARCISSUS AVE. APT 1002 201 S NARCISSUS AVE. APT 1002 PAATAAAI WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 03082006 Cha-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 41-2153209 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HYMAN, SHERRY L Street Address (P.O. Box Number is Not Acceptable) 200 ADMIRALS COVE BLVD STF 417 JUPITER, FL 33477 City 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 Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE Р ☐ Delete IIILE ☐ Addition ☐ Change STONE DAN NAME NAME STREET ADDRESS 201 S NARCISSUS AVE. APT 1002 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33401 CITY-ST-ZIP TITLE Delete TITLE **Change** ☐ Addition STONE, SUSAN NAME STONE, SWAN J 201 S NARCISSUS AVE, APT 1002 STREET ADDRESS STREET ADDRESS WEST PALM BEACH, FL 33401 CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete MLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete TILE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete MLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE IIILE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 frue and acculate 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

FILED

Davtime Phone #