

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**


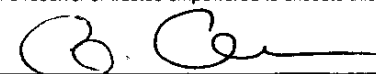
**FILED**  
**May 25, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90043 034 \*\*\*\*50.00

**30008942**



05152006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L04000075892</b>			
1. Entity Name <b>VALENCIA STONE OF THE WEST COAST, LLC</b>			
Principal Place of Business <b>5143 COMMERCIAL WAY SPRING HILL, FL 34606</b>		Mailing Address <b>5143 COMMERCIAL WAY SPRING HILL, FL 34606</b>	
2. Principal Place of Business <b>2015 BROAD STREET</b>		3. Mailing Address <b>2015 BROAD STREET</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>BROOKSVILLE, FL</b>		City & State <b>BROOKSVILLE, FL</b>	
Zip <b>34604</b>	Country	Zip <b>34604</b>	Country
4. FEI Number <b>20-1773341</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>KIERZYNSKI, MICHAEL J 5143 COMMERCIAL WAY SPRING HILL, FL 34606</b>		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ANDRADE, ARNALDO 5375 CHAMPIONSHIP CUP LANE BROOKSVILLE, FL 34609</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GRIGSBY, CHRISTINE C. 1393 ARBUCKLE ROAD SPRING HILL, FL 34608</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASST S/T ANDRADE, WALDIR 9325 SOUTHERN BELLE DRIVE WEEKI WACHEE, FL 34613</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S PLAZZA, MARIO 5502 ANDERSON ROAD TAMPA, FL 33634</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE: X</b> 		<b>X 5-22-06</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/17/2006-90043-034-\$50.00-\$50.00

DOCUMENT # L04000075892

1. Entity Name  
VALENCIA STONE OF THE WEST COAST, LLC



Principal Place of Business  
5143 COMMERCIAL WAY  
SPRING HILL, FL 34606

Mailing Address  
5143 COMMERCIAL WAY  
SPRING HILL, FL 34606

ATTACHMENT  
30008942



2. Principal Place of Business  
2015 BROAD STREET  
Suite, Apt. #, etc.

3. Mailing Address  
2015 BROAD STREET  
Suite, Apt. #, etc.

02102008 Chg-LLC CR2E083 (11/05)

City & State  
BROOKSVILLE FL

City & State  
BROOKSVILLE FL

4. FEI Number  
20-1773341

Applied For  
Not Applicable

Zip 34604

Country USA

Zip 34604

Country USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIERZYNSKI, MICHAEL J  
5143 COMMERCIAL WAY  
SPRING HILL, FL 34606

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 resigning)

DATE

Filing Fee is \$50.00  
Due by May 1, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDRADE, ARNALDO 5375 CHAMPIONSHIP CUP LANE BROOKSVILLE, FL 34609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. S/T/MBR WALDIR ANDRADE 2015 BROAD ST BROOKSVILLE FL 34604 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MARTO PLAZZA 2015 BROAD ST BROOKSVILLE FL 34604 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR PAIT, C. ANDRADE 2015 BROAD ST BROOKSVILLE FL 34604 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR ANTONIO LAMAS 2015 BROAD ST BROOKSVILLE FL 34604 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR UNITED TILE & STONE INC. 2015 BROAD ST BROOKSVILLE FL 34604 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *X. Mauro Albuquerque*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*X 14 April 2006*  
Date Daytime Phone #

*Memo from*

**KIERZYNSKI & ASSOCIATES**  
CERTIFIED PUBLIC ACCOUNTANT, P.A.  
5143 COMMERCIAL WAY  
SPRING HILL, FLORIDA 34606

TELEPHONE (352) 597-2800  
FAX (352) 596-2656

ATTACHMENT

30008942

TO FLORIDA DEPARTMENT OF STATE

DATE MAY 15, 2006

DIVISION OF CORPORATIONS

POST OFFICE BOX 6478

TALLAHASSEE, FL 32314

SUBJECT L04000075892

WE ARE IN RECEIPT OF YOUR LETTER DATED APRIL 19, 2006 TO VALENCIA STONE

OF THE WEST COAST, LLC. ATTACHED PLEASE FIND A CORRECTED 2006 LLC ANNUAL

REPORT TO BE FILED ACCORDINGLY. WE APOLOGIZE FOR ANY INCONVENIENCE CAUSED

BY THE SUBMISSION OF THE PRIOR REPORT.

THANK YOU.

*Michael J Kierzynski*

ATTACHMENTS