


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JAN 27 AM 11:00

|   |   |
|---|---|
| DOCUMENT # L04000090297   |  |
| 1. Entity Name<br>SAND STONE CONTRACTORS, ENGINEERS & DEVELOPERS, LLC |   |

|  |  |
|--|--|
| Principal Place of Business<br>2715 TAMiami TRAIL<br>PORT CHARLOTTE, FL 33952 US | Mailing Address<br>2715 TAMiami TRAIL<br>PORT CHARLOTTE, FL 33952 US |
|--|--|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |




01202005 Chg-LLC CR2E083 (10/03)

|   |  |
|---|--|
| 4. FEI Number<br>20-2007670                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required                         |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br>NICI, JAMES R ESQ<br>C/O COX & NICI, 1185 IMMOKALEE ROAD<br>SUITE #110<br>NAPLES, FL 34110 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
|---|--|

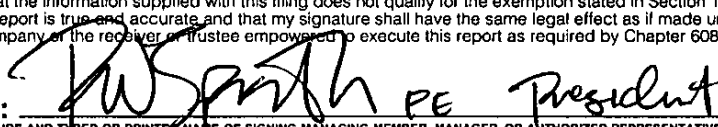
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |  |
|---|---|--|
| Filing Fee is \$50.00<br>Due by May 1, 2005 |  | Make check payable to<br>Florida Department of State |
|---|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>SHANER, BILL<br>2715 TAMiami TRAIL<br>PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR/VP<br>SHANER, BILL<br>2715 TAMiami TRAIL<br>PORT CHARLOTTE, FL 33952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>HERNANDEZ, EDWARD J<br>2715 TAMiami TRAIL<br>PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR/VP<br>HERNANDEZ, EDWARD J<br>2715 TAMiami TRAIL<br>PORT CHARLOTTE, FL 33952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>SPIETH, RICHARD<br>2715 TAMiami TRAIL<br>PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR/PRESIDENT/TREASURER<br>SPIETH, RICHARD W<br>2715 TAMiami TRAIL<br>PORT CHARLOTTE, FL 33952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>SPIETH, ROBERT W<br>2715 TAMiami TRAIL<br>PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR/SECRETARY<br>SPIETH, ROBERT<br>2715 TAMiami TRAIL<br>PORT CHARLOTTE, FL 33952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 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:  PE President 1/21/05 (239) 289-8804

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #