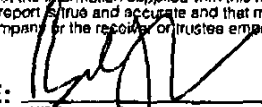


2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2005 MAY 16 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000090297			
1. Entity Name SAND STONE CONTRACTORS, ENGINEERS & DEVELOPERS, LLC			
Principal Place of Business 2715 TAMiami TRAIL PORT CHARLOTTE, FL 33952 US		Mailing Address 2715 TAMiami TRAIL PORT CHARLOTTE, FL 33952 US	
2. Principal Place of Business		3. Mailing Address 2187 Trade Center Way #3	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Naples Florida	
Zip	Country	Zip 34109	Country US
4. FEI Number 20-2007670		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NICI, JAMES R ESQ C/O COX & NICI, 1185 IMMOKALEE ROAD SUITE #110 NAPLES, FL 34110		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.		DATE	
Amended AR is \$50.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRV SHANER, BILL 2715 TAMiami TRAIL PORT CHARLOTTE, FL 33952 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR/P SHANER, BILL ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRV HERNANDEZ, EDWARD J 2715 TAMiami TRAIL PORT CHARLOTTE, FL 33952 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR/V Hernandez, Edward ☐ Change ☐ Addition (NO CHANGE)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP SPIETH, RICHARD W 2715 TAMiami TRAIL PORT CHARLOTTE, FL 33952 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR/S SPIETH, RICHARD W. ☒ Change ☐ Addition 500055916365 06/08/05-01072-001 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRS SPIETH, ROBERT 2715 TAMiami TRAIL PORT CHARLOTTE, FL 33952 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR/T SPIETH, ROBERT ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPIETH, RICHARD W 2715 TAMiami TRAIL PORT CHARLOTTE, FL 33952 ☒ 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 508, Florida Statutes.			
SIGNATURE: 		Bill SHANER, PRESIDENT 4/14/05 941-234-7193	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	