

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000035716

Entity Name: EAGLE GRANITE, LLC

FILED
Mar 19, 2007
Secretary of State

Current Principal Place of Business:

1901 W. OKALOOSA AVENUE
TAMPA, FL 33604

New Principal Place of Business:

1901 W. OKALOOSA AVENUE
TAMPA, FL 33604 US

Current Mailing Address:

1901 W. OKALOOSA AVENUE
TAMPA, FL 33604

New Mailing Address:

1901 W. OKALOOSA AVENUE
TAMPA, FL 33604 US

FEI Number: 20-2681093

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANTUNA DIAZ, ROBERTO E
1901 W. OKALOOSA AVENUE
TAMPA, FL 33604 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ANTUNA DIAZ, ROBERTO E
Address: 1901 W. OKALOOSA AVENUE
City-St-Zip: TAMPA, FL 33604

Title: MGRM () Delete
Name: GARCIA, SERGIO A
Address: 1901 W. OKALOOSA AVENUE
City-St-Zip: TAMPA, FL 33604

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ANTUNA DIAZ, ROBERTO E
Address: 1901 W. OKALOOSA AVENUE
City-St-Zip: TAMPA, FL 33604 US

Title: MGRM (X) Change () Addition
Name: GARCIA, SERGIO A
Address: 1901 W. OKALOOSA AVENUE
City-St-Zip: TAMPA, FL 33604 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERTO ANTUNA

MGRM

03/19/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date