


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90026 023 ****55.00

DOCUMENT # L05000056601							
1. Entity Name STONEWALL TILE SOUTH L.L.C.							
Principal Place of Business 620 SOUTH D STREET LAKE WORTH, FL 33460			Mailing Address 620 SOUTH D STREET LAKE WORTH, FL 33460				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 01062006 Chg-LLC CR2E083 (11/05)			
5. Certificate of Status Desired <input checked="" type="checkbox"/>			Applied For <input checked="" type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required							
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CHAPUIS, LAURENT J 620 SOUTH D STREET LAKE WORTH, FL 33460			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ 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				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAURENT CHAPUIS 620 SOUTH D. ST. LAKE WORTH, FL. 33460	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: <i>Laurent Chapuis</i>			Date		561-585-0279		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #		