2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Sep 05, 2006 8:00 am Secretary of State **DOCUMENT # L05000066426** 09-05-2006 90050 026 ****50.00 1. Entity Name ARTISANS IN STONE, L.L.C. Principal Place of Business Mailing Address 40102725 3434 CORONADO DRIVE #1201 3434 CORONADO DRIVE #1201 SARASOTA, FL 34231 SARASOTA, FL 34231 2. Principal Place of Business Mailing Address ABOUE ABOUE SAME Suite, Apt. #, etc. Suite, Apt. #, etc. 08012006----Chg-LLC ---- - CR2E083 (11/05) City & State City & State FEI Numbe Applied For 26-0119284 Not Applicable Zip \$5.00 Additional SARASOTA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AME BAARSLAG, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 3434 CORONADO DRIVE #1201 SARASOTA, FL 34231 City Zip Code FI 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 Filing Fee is \$50.00 Make check payable to Due by September 6, 2006 Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGR TITLE TITLE Delete Change ■ Addition BAARSLAG, STEPHEN NAME NAME 3434 CORONADO DRIVE #1201 STREET ADDRESS STREET ADDRESS SARASOTA, FL 34231 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET_ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED