

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000076453

FILED
Apr 28, 2006
Secretary of State

Entity Name: ARCHITECTURAL STONE CONCEPTS, LLC

Current Principal Place of Business:

7956 EASTLAKE DRIVE
SUITE 16 D
BOCA RATON, FL 334332118 US

New Principal Place of Business:

Current Mailing Address:

7956 EASTLAKE DRIVE
SUITE 16 D
BOCA RATON, FL 334332118 US

New Mailing Address:

FEI Number: 74-3168383

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: MGRM () Delete
Name: MORAIS, DENNIS E
Address: 7956 EASTLAKE DRIVE, SUITE 16 D
City-St-Zip: BOCA RATON, FL 334332118 US

Title: MGRM () Delete
Name: ETTRICK, MILTON
Address: 9 SUDDWAY
City-St-Zip: BRANTFORD, ON N3T6K8 CA

Title: MGRM () Delete
Name: POLDING, BERNARD
Address: 1231 AVONDALE LANE W.
City-St-Zip: PALM BEACH, FL 33409 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DENNIS E. MORAIS

MGRM

04/28/2006

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