


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90025 021 \*\*\*150.00

<b>DOCUMENT # L05000093884</b> 1. Entity Name <b>D.S. STONEWORKS LLC</b>					
Principal Place of Business <b>2210 SOUTH FLORIDA AVE. LAKELAND, FL 33803 US</b>			Mailing Address <b>PO BOX 7076 LAKELAND, FL 33807--707 US</b>		
2. Principal Place of Business <b>1914 8th St SE</b>		3. Mailing Address <b>1914 8th St SE</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Winter Haven FL</b>		City & State <b>Winter Haven FL</b>		4. FEI Number <b>20-3567338</b>	
Zip <b>33880</b>		Country <b>Polk</b>		Zip <b>33880</b>	
Country <b>Polk</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>CHODAZECK, THELMA J 2210 SOUTH FLORIDA AVE. LAKELAND, FL 33803</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAPP, DANIEL R PO BOX 7076 LAKELAND, FL 33807	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1914 8th St SE Winter Haven FL 33880</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOTWALD, PORTIA S PO BOX 7076 LAKELAND, FL 33807	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1914 8th St. S.E. Winter Haven FL 33880</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<b>2/28/06 8636046174</b> <small>Date Daytime Phone #</small>	