



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 07, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000095475 1. Entity Name CENTER STATE GRANITE, LLC	
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Principal Place of Business 4374 NE 35TH STREET OCALA, FL 34479 US	Mailing Address 4374 NE 35TH STREET OCALA, FL 34479 US
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DO NOT WRITE IN THIS SPACE

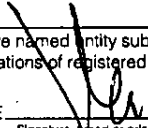


04062007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3562810	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**REA, JAMES J
2700 NE 37TH PLACE ROAD
OCALA, FL 34479**

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REA, JAMES J 2700 NE 37TH PLACE ROAD OCALA, FL 34479
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BULLARD, TED L III 86 TURKEY CREEK ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOURNE, EDISON A 4550 NE 127TH PLACE ANTHONY, FL 32617
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05/29/07-80002-013 50.00

**DO NOT WRITE
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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:   DATE Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE