



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90009 025 ****50.00

DOCUMENT # L05000103705 1. Entity Name INTERNATIONAL STONE GROUP, LLC					
Principal Place of Business 2918 FORSYTH ROAD WINTER PARK, FL 32792			Mailing Address 2918 FORSYTH ROAD WINTER PARK, FL 32792		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02222006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 20-3646780				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NAVIGATION BUSINESS SOLUTIONS, LLC 4767 NEW BROAD STREET #1022 ORLANDO, FL 32814			7. Name and Address of New Registered Agent Name <u>Robert Kederick</u> Street Address (P.O. Box Number is Not Acceptable) <u>2305 Smiley Ave.</u> City <u>Winter Park</u> FL Zip Code <u>32792</u>		
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 <u>Robert Kederick</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		 <small>(NOTE: Registered Agent signature required when reappointing)</small>		DATE <u>4-25-06</u>	
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 KEDERICK, ROBERT 2918 FORSYTH ROAD WINTER PARK, FL 32792	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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.					
SIGNATURE: <u>[Signature]</u> - Pres.		Date <u>4-25-06</u>		Daytime Phone # <u>407-677-0090</u>	