

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000002867

FILED
Mar 12, 2008
Secretary of State

Entity Name: COMMERCIAL STUCCO & STONE DESIGNS LLC

Current Principal Place of Business:

7708 MCELEVEY RD
PANAMA CITY, FL 32408

New Principal Place of Business:

7708 MCELEVEY RD
PANAMA CITY, FL 32408 US

Current Mailing Address:

7708 MCELEVEY RD
PANAMA CITY, FL 32408

New Mailing Address:

7708 MCELEVEY RD
PANAMA CITY, FL 32408 US

FEI Number: 20-4076008

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE, MICHEAL A
2320 LAKEGROVE ROAD
WEWAHITCHKA, FL 32465 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: MGR () Delete
Name: LEE, MICHEAL A
Address: 2320 LAKEGROVE ROAD
City-St-Zip: WEWAHITCHKA, FL 32465

Title: MGR () Delete
Name: GWIN, BRADLEY T
Address: 138 GRAND LAGOON SHORES DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: MGR () Delete
Name: GWIN, RICHARD
Address: PO BOX 28474
City-St-Zip: PANAMA CITY BEACH, FL 32411

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 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: BRADLEY T GWIN

MGR

03/12/2008

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