


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90048 037 ***138.75

DOCUMENT # L06000047607	
1. Entity Name L S STONES, LLC	

Principal Place of Business 2703 PHILLIPS HIGHWAY JACKSONVILLE, FL 32207	Mailing Address 2703 PHILLIPS HIGHWAY JACKSONVILLE, FL 32207
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60030314



2. Principal Place of Business - No P.O. Box # 2703 PHILLIPS HIGHWAY	3. Mailing Address 1820 CHRISTOPHER POINT RD, S.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL
Zip 32207	Zip 32217
Country USA	Country USA

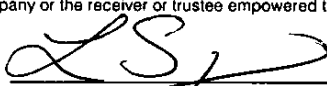
03062008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8141539	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 RAX CO. 50 NORTH LAURA STREET STE 3300 JACKSONVILLE, FL 32202	
7. Name and Address of New Registered Agent Name LIAN SACAQUINI Street Address (P.O. Box Number is Not Acceptable) 1820 CHRISTOPHER POINT RD, SOUTH City JACKSONVILLE FL Zip Code 32217	

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  DATE **3/8/08**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SACAQUINI, LIAN 2703 PHILLIPS HWY JACKSONVILLE, FL 32207 <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"/> Delete	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"/> Delete	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:  DATE **3/8/08** (904) 514-5051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE