

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90039 023 ***138.75

DOCUMENT # L06000060577	
1. Entity Name UNIQUE STONE SYSTEMS, LLC	

Principal Place of Business 556 IBIS WAY NAPLES FL 34110	Mailing Address 556 IBIS WAY NAPLES FL 34110
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2. Principal Place of Business - No P.O. Box # 6215 Taylor Rd	3. Mailing Address 6215 Taylor Rd
Suite, Apt. #, etc. Unit B	Suite, Apt. #, etc. Unit B

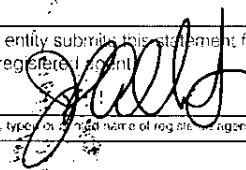
1st MOORE CR2E083 (10/07)

City & State Naples FL	City & State Naples FL
Zip 34109	Country US

4. FEI Number 20-5045392	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent ALBERT, JAMES P SR. 556 IBIS WAY NAPLES FL 34110	
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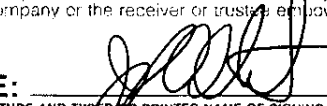
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 	DATE

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 ALBERT, JAMES P SR. 556 IBIS WAY NAPLES FL 34110 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 609, Florida Statutes.

SIGNATURE: 	1/28/08	239 591-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		