


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L06000095655 1. Entity Name NATURE COAST GRANITE, LLC	
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Principal Place of Business 6252 COMMERCIAL WAY WEEKI WACHEE, FL 34613	Mailing Address PO BOX 204 WEEKI WACHEE, FL 34613
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**DO NOT WRITE IN THIS SPACE**



04192008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5601054	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GERRY, PAUL  
 15002 HUMMINGBIRD ROAD  
 BROOKSVILLE, FL 34614

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000949213  
 06/03/08-80019-025 150.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GERRY, PAUL 15002 HUMMINGBIRD ROAD BROOKSVILLE, FL 34614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALMBERG, JOHN 6121 WOODDED STREET NEW PORT RICHIE, FL 34653
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Paul Gerry Date: 5-1-08 Daytime Phone #: 352-597-5547  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE