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Jun 15, 2007 8:00 am
Secretary of State
05-03-2007 90251 037 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000113203

1. Entity Name
MAXIMUM STONE, ETC. LLC

30010832

05012007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
8329 TERRACEWOOD CIRCLE TAMPA, FL 33615	8329 TERRACEWOOD CIRCLE TAMPA, FL 33615

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8329 Terracewood Cr.	8329 Terracewood Cr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tpa Florida	City & State: Tpa Fla.
Zip: 33615 Country: USA	Zip: 33615 Country: USA

4. FEI Number: 11-3814562 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARTINEZ MONTANO, ERNESTO 6713 N. GUNLOCK AVENUE TAMPA, FL 33614	Name: JORGE A. MARTINEZ Street Address (P.O. Box Number is Not Acceptable): 6319 Black Dairy ROAD City: TAMPA FL Zip Code: 33684

8. The above named entity submits this statement for th[e purp]ose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation[s of r]egistered agent.

SIGNATURE: [signature] 5/1/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Register[ed agent signature is] required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: Manager NAME: Ernesto Martinez Montano STREET ADDRESS: 8329 Terracewood Cr. CITY-ST-ZIP: Tpa, Fla. 33615	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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 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: [signature] 5/1/07 (813) 965-4081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #