2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000066024

Entity Name: STONE GALLERY, LLC

Name:

Address:

City-St-Zip:

8361 MOCCASIN TRIAL DRIVE

RIVERVIEW, FL 33569

FILED Jul 14, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8361 MOCCASIN TRIAL DRIVE 9940 CURRIE DAVIS DR. RIVERVIEW, FL 33569 STE C-10 TAMPA, FL 33619 **Current Mailing Address: New Mailing Address:** 9940 CURRIE DAVIS DR. 8361 MOCCASIN TRIAL DRIVE STE C-10 TAMPA, FL 33619 RIVERVIEW, FL 33569 FEI Number: 45-0580628 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SETHI, ANIL 8361 MOCCASIN TRIAL DRIVE RIVERVIEW, FL 33569 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete POONAM, SETHI Name: Name: Address: 8361 MOCCASIN TRIAL DRIVE Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: Title: MGR Title: MGR () Delete (X) Change () Addition Name: ANJU, DATTA Name: ANJU, DATTA Address: 8361 MOCCASIN TRIAL DRIVE Address: 4976 WHITE SANDERLING CT City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: TAMPA, FL 33619 Title: **PRES** () Delete Title: () Change () Addition ANIL, SETHI Name: Name: 8361 MOCCASIN TRIAL DRIVE Address: Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: () Delete Title: CFO Title: CFO (X) Change () Addition ATUL, DATTA ATUL, DATTA

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.

Name:

Address:

City-St-Zip:

4976 WHITE SANDERLING CT

TAMPA, FL 33619

SIGNATURE: ATUL DATTA 07/14/2008