2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 11, 2008
Secretary of State

DOCUMENT# L07000098687

Entity Name: ARTISAN CABINETRY & STONE LLC

Current Principal Place of Business:

6934 SONNY DALE DRIVE
WEST MELBOURNE, FL 32904-224 US

New Principal Place of Business:

6934 SONNY DALE DRIVE
WEST MELBOURNE, FL 329042244 US

Current Mailing Address:

6934 SONNY DALE DRIVE
WEST MELBOURNE, FL 32904-224 US

New Mailing Address:

6934 SONNY DALE DRIVE
WEST MELBOURNE, FL 329042244 US

FEI Number: 61-1540074 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

BRUNN, FRANK
407 EAST NEW HAVEN AVENUE
MELBOURNE, FL 329014507 US

Name and Address of New Registered Agent:

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:

Title: MGRM ( ) Delete
Name: MONTEVECCHI, JAMES
Address: 7106 HAMMOCK LAKES DRIVE
City-St-Zip: MELBOURNE, FL 32940 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: GRATTAN, ADELE C
Address: 2535 SMITH LANE
City-St-Zip: MALABAR, FL 32950 US

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.

SIGNATURE: FRANK BRUNN RA 09/11/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date