2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL KEPUKT					FILED	
DOCUMENT # L07000127865					FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name ! ! SPECTACULAR STONE LLC					MELANASSEE, FLORIDA	
					08 MAR 31 PM 2: 25	
Principal Place	e of Business	Mailing Address			1 1 2 23	
512 BRIGHT(ON WAY	512 BRIGHTON WAY				
CASSELBERRY, FL 32707 CASSELBERRY, FL 3270			07			
6 D/1-1D		1 - 1 - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1				
2. Principal Place of Business - No P.O. Box # 3. Mailing Address P.O. Box			372		NI 80NI 1691 6831 00M 0671 1161 1801 1091 1801 1096 1911 1915 1915 1	
Suite, Apt. #, etc. Suite, Apt. #, etc.			03072008	Chg-LLC CR2E083 (12/06)		
City & State		City & State Fruitland	Park, FL	4. FEI Numt	per Applied For Not Applied For Not Applicable	
3219	5 Country	34731	Country U, S,	5. Certificat	e of Status Desired	
6. Name and Address of Current Registered Agent			N	7. Name and Address of New Registered Agent		
DRAWDY, JAMES D						
512 BRIGHTON WAY CASSELBERRY, FL 32707			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 - Hames D.W rawdy 3/14/08						
Sondaye, typed or protect name of registered agent and title if explicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State						
9.	MANAGING MEMBEI	RS/MANAGERS	10.		ADDITIONS/CHANGES	
TITLE NAME	MGR DRAWDY, JAMES D	Delete	TITLE NAME	2	2 00121539552 Addition 28/0801035001 **138.50	
	512 BRIGHTON WAY		STREET ADORESS	03/	28/0801035001 **138.50	
CFTY-ST-ZIP	CASSELBERRY, FL 32707	☐ Delete	CITY-ST-ZIP	·	Channe C addition	
NAME		L. J Dekete	NAME		Change Addition	
STREET ADDRESS City-St-ZIP			STREET ADDRESS Caty-St-Zip	<u>خ</u> 037	200121539362 28/0801035002 **0.25	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADORESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE .		Change Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP	•	Пъ	CITY-ST-ZIP			
NAME		Delete .	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
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CITY-ST-ZIP TITLE NAME		☐ Oelete	CITY-ST-ZIP TITLE NAME		☐ Change ☐ Addition	
CITY-SI-ZIP		☐ Oeticte	CITY-ST-ZIP		☐ Change ☐ Addition	
CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby conditionated of indicated of	on this report is true and accurate and t	this filing does not qualify for th	CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP the exemptions conta	is if made under oat	Florida Statutes, i further certify that the information by that I am a managing member or manager of the	
CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby conditionated of indicated of	ertify that the information supplied with on this report is true and accurate and bility company or the receiver or trustee	this filing does not qualify for th	CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP the exemptions conta	is if made under oat	Florida Statutes, i further certify that the information by that I am a managing member or manager of the	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby coindicated of limited liab	on this report is true and accurate and billity company or the receiver or trustee	this filing does not qualify for th	CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP the exemptions conta	is if made under oat	Florida Statutes. I further certify that the information is that I am a managing member or manager of the Statutes.	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby control indicated to	URE: James Office and accurate and a collisity company or the receiver or trustee	this filing does not qualify for th	CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP the exemptions conta the same legal effect a sport as required by C	is if made under oat Chapter 608, Florida	Florida Statutes, i further certify that the information by that I am a managing member or manager of the	