




FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 MAY -1 PM 12:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT #L96000000895 STONELEDGE CONSERVATION & MASTER FRAMING, L.C. 446A VILLAGE AT BEDMINSTER, ROUTE 206 BEDMINSTER NJ 07921		1a. Principal Place of Business Address 343 ALMERIA AVENUE CORAL GABLES FL 33134			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address 12300 Ret A11A Suite, Apt. #, etc. U.S. City & State Palm Beach Gardens FL Zip Country 33410 USA		3. Date Organized or Qualified 3a. State of Formation 08/22/1996 FL	
		4. FEI Number 65-0689903		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		5. Date of Last Report		6. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required	
7. Name and Address of Current Registered Agent AMERILAWYER CHARTERS, D 343 ALMERIA AVENUE CORAL GABLES FL 33134			8. Name and Address of New Registered Agent Name: <i>Same</i> Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____				DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title Managing Members/Managers		Business Street Address		City, State and Zip Code	
MGRM LEWIS, ELAINE D		343 ALMERIA AVENUE		CORAL GABLES FL	
MGRM ERAZO, GUILLARMO		343 ALMERIA AVENUE		CORAL GABLES FL	
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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: 		4/28/97		82.064.2911	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	