

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # M02000000227

1. Entity Name
L & S STONE LLC



Principal Place of Business
**9156 MOLLY PITCHER HWY
GREENCASTLE, PA 17225-0069**

Mailing Address
**9156 MOLLY PITCHER HWY
GREENCASTLE, PA 17225-0069**



01092006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
25-1893471

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**STRITE, ARVIN
5700 SWEETHEART COURT
ST. CLOUD, FL 34772**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BAER, CHARLES
STREET ADDRESS	1370 GRAND AVE B
CITY-ST-ZIP	SAN MARCOS, CA
TITLE	MGRM
NAME	LEWIS, MIKE
STREET ADDRESS	1370 GRAND AVE B
CITY-ST-ZIP	SAN MARCOS, CA
TITLE	CFO
NAME	SCHAEFER, DAVID
STREET ADDRESS	1370 GRAND AVE B
CITY-ST-ZIP	SAN MARCOS, CA 92078
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000241189
01/23/06-80018-001 50.00

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IN THIS SPACE**

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: William H. Harbode
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/9/06 717-597-1969
Date Daytime Phone #