

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M03000002152

**FILED**  
**Oct 26, 2004**  
**Secretary of State**

**Entity Name:** SIGNATURE STONeworks, LLC

**Current Principal Place of Business:**

4995 LACROSS ROAD, STE. 1115  
NORTH CHARLESTON, SC 29406

**New Principal Place of Business:**

1405 N. KILLIAN DRIVE  
LAKE PARK, FL 33403 US

**Current Mailing Address:**

4995 LACROSS ROAD, STE. 1115  
NORTH CHARLESTON, SC 29406

**New Mailing Address:**

4995 LACROSS ROAD  
SUITE 1800  
NORTH CHARLESTON, SC 29406 US

**FEI Number:** 30-0185134

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PITTS, TRISHA  
1800 S. DIXIE HWY.  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

PITTS, PATRICIA A  
1405 NO. KILLIAN DRIVE  
LAKE PARK, FL 33403 US

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: PATRICIA PITTS

10/26/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: HARRIS, JOHN K  
Address: 4995 LACROSS ROAD, STE. 1115  
City-St-Zip: NORTH CHARLESTON, SC 29406

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

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

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

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: JKH HOLDING CO, LC,  
Address: 4995 LACROSS ROAD, STE. 1800  
City-St-Zip: NORTH CHARLESTON, SC 29406 US

Title: MGR ( ) Change (X) Addition  
Name: HANES, ROBIN L  
Address: 1405 NO. KILLIAN DRIVE  
City-St-Zip: LAKE PARK, FL 33403 US

Title: MGR ( ) Change (X) Addition  
Name: PITTS, PATRICIA A  
Address: 1405 NO. KILLIAN DRIVE  
City-St-Zip: LAKE PARK, FL 33403 US

Title: MGR ( ) Change (X) Addition  
Name: HARRIS, JOHN K  
Address: 4995 LACROSS RD, SUITE 1800  
City-St-Zip: NORTH CHARLESTON, SC 29406 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBIN LEE HANES

MGR

10/26/2004

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