2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2006
Secretary of State

DOCUMENT# M03000002152

Entity Name: SIGNATURE STONEWORKS, LLC

Current Principal Place of Business:

1405 N. KILLIAN DRIVE
LAKE PARK, FL 33403 US

New Principal Place of Business:

Current Mailing Address:

4995 LACROSS ROAD
SUITE 1800
NORTH CHARLESTON, SC 29406 US

New Mailing Address:

FEI Number: 30-0185134 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PITTS, PATRICIA A
1405 NO. KILLIAN DRIVE
LAKE PARK, FL 33403 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:	MGR	( ) Delete
Name:	JKH HOLDING CO, LC,	
Address:	4995 LACROSS ROAD, STE. 1800	
City-St-Zip:	NORTH CHARLESTON, SC 29406 US	
Title:	MGR	( ) Delete
Name:	PITTS, PATRICIA A	
Address:	1405 NO. KILLIAN DRIVE	
City-St-Zip:	LAKE PARK, FL 33403 US	
Title:	MGR	( ) Delete
Name:	HARRIS, JOHN K	
Address:	4995 LACROSS RD, SUITE 1800	
City-St-Zip:	NORTH CHARLESTON, SC 29406 US	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN K. HARRIS MGR 02/15/2006

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