2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2008
Secretary of State

DOCUMENT# M06000002465

Entity Name: NATURAL STONE DISTRIBUTORS, LLC

Current Principal Place of Business:

1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 62-1631888 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: LAWRENCE, DONALD E JR.
Address: 10545 HWY 64 E
City-St-Zip: ARLINGTON, TN 38002

Title: MGR ( ) Delete
Name: LAWRENCE, DAVID L
Address: 10545 HWY 64 E
City-St-Zip: ARLINGTON, TN 38002

Title: MGR ( ) Delete
Name: LAWRENCE, DAVID E SR.
Address: 10545 HWY 64 E
City-St-Zip: ARLINGTON, TN 38002

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change ( ) Addition
Name: LAWRENCE, DONALD E SR.
Address: 10545 HWY 64 E
City-St-Zip: ARLINGTON, TN 38002

I hereby certify that the information supplied with this filing does not qualify 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: DONALD E LAWRENCE JR MGR 03/27/2008

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