2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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SIGNATURE:



FILED

Mar 10, 2006 8:00 am **Secretary of State**

2/28/2006 305/936218

03-10-2006 90131 049 ****55.00 STONE DEVELOPMENT, LLC Principal Place of Business Mailing Address 20201 E COUNTRY CLUB DRIVE 20201 E COUNTRY CLUB DRIVE 2310 2310 AVENTURA, FL 33180 AVENTURA, FL 33180 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02282006 Cho-LLC CR2E083 (11/05) City & State 4. FEI Number Applied For City & State 06-1692064 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Marriedary KORN BRATTER KRIEGER REAL ESTATE, LLP Street Address (P.O. Box Number is Not Acceptable) 500 SOUTH POINTE DRIVE 20801 BISGAYNEBIND SUITE SOI MIAMI BEACH, FL 33139 AVEN TURA 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. Change ☐ Addition TITI F Delete TITLE DARER, EDUARDO NAME NAME 20201 E COUNTRY CLUB DRIVE UNIT 2310 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AVENTURA, FL 33180 MGRM Change ☐ Addition TITLE Delete TITLE DARER, OSCAR NAME NAME 20201 E COUNTRY CLUB DRIVE UNIT 2310 STREET ADDRESS STREET ADDRESS AVENTURA, FL 33180 CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ☐ Change NAME DARER, SARITA NAME STREET ADDRESS 20201 E COUNTRY CLUB DRIVE UNIT 2310 STREET ADDRESS CITY-ST-ZIP AVENTURA, FL 33180 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITI F Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Detete mme NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE