

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000088979

**FILED**  
**Jan 21, 2007**  
**Secretary of State**

**Entity Name:** STONE WORKS MARBLE & GRANITE, LLC

**Current Principal Place of Business:**

3660 NE 166 STREET  
SUITE 110  
NORTH MIAMI BEACH, FL 33160 US

**New Principal Place of Business:**

**Current Mailing Address:**

3660 NE 166 STREET  
SUITE 110  
NORTH MIAMI BEACH, FL 33160 US

**New Mailing Address:**

**FEI Number:** 03-0604813      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

FINESILVER, MICHAEL I ESQ.  
420 LINCOLN ROAD  
SUITE 372  
MIAMI BEACH, FL 33139 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: NIETO, OLIVIA  
Address: 3660 NE 166 STREET, #110  
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

Title: MGRM ( ) Delete  
Name: CECI, EDUARDO S  
Address: 3660 NE 166 STREET, #110  
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

**ADDITIONS/CHANGES:**

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: OLIVIA NIETO

MGR

01/21/2007

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