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2001 UNIF	ORM BUS	INESS REPU	,,,,,						
DOCUMENT # 1. Entity Name	L00000	011178				SE	FILE ORETARY	D OF STATE	
STONES' N LLC					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS				
<u> </u>					01 SEP 25 PM 10: 57				
Principal Place of Business VILLAS AT SUNSET BEACH.	\$	Mailing Address VILLAS AT SUNSET BE	ACH RANS					11110-07	
SEACREST BEACH FL 32413		SEACREST BEACH FL						M	
2. Principal Place of Busines		3. Mailing Address							
Suite, Apt. #, etc.		7124 MANOR Suite, Apt. #, etc.	WCO D	5 67		DO NOT	WRITE IN THI	S SPACE	
City & State		City & State		-4.	4. FEI N	iumber			oplied For
Zip	Country	GERMANTOW:	Country	A.		5-25766 ficate of Status Desi		\$5.00 Ad	ot Applicable ditional
6. Name ar	nd Address of Current	38/38	103			and Address of N		Fee Require	-d
				Name			<u></u>		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Street Add	ress (P.O. Box N	lumber is Not Accer	otable)		
			City				F	Zip Cod	e
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. The above named entity s	ubmits this statement to	or the purpose of changing it	ts registered	office or re	gistered agent	or both, in the State	of Florida.		
. The above named entity s	ubmits this statement fi	or the purpose of changing i	ts registered	office or re	egistered agent, o	or both, in the State	of Florida.		
SIGNATURE	ubmits this statement to				egistered agent, o		of Florida.		
SIGNATURE		at and title if applicable. (NC FILE N Make Check P	OTE: Registered A	gent signature r EE IS \$50 Departme	required when reinstation. 0.00 ent of State				
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RE: RECORD RED 9-24-2001 901/842-1017
INSTURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Dayline Phone #

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SIGNATURE: