## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

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1. Entity Name OPUSTONE, L.L.C.



Principal Place of Business

3200 N.W. 77TH COURT MIAMI, FL. 33122

Mailing Address

3200 N.W. 77TH COURT MIAMI, FL 33122



## DO NOT WRITE IN THIS SPACE

04102008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 65-1127413

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHIGIEL, LEON 3200 N.W. 77TH COURT MIAMI, FL 33122

## DO NOT WRITE IN THIS SPACE

| <del></del>                   |   |  |  |
|-------------------------------|---|--|--|
|                               | named entity submits this statement for the purpose of chan<br>ions of registered agent | ging its registered office or registered agent, or both,     | in the State of Florida I am familiar with, and accept |
| SIGNATURE                     | Signature, typed or printed name of registered agent and title if applicable.           | (NOTE: Registered Agent signature required when reinstating) | DATE   |
|                               | NOW!!! FEE IS \$138.75<br>71, 2008 Fee will be \$538.75                                 |  |  |
| 9,                            | MANAGING MEMBERS/MANAGERS   | ·,   | ,  |
| TITLE                         | MGRM  |  |  |
| NAME                          | SCHIGIEL, LEON  | **   |  |
| STREET ADDRESS<br>CITY-ST-ZIP | 3200 NW 77 COURT  | •  | Hononoopper  |
|                               | MIAMI, FL 33122   | <del></del>  | 000000927765<br>05/21/08-80002-010 138.75              |
| TITLE<br>NAME                 |   | :  |  |
| STREET ADDRESS                |   |  |  |
| CITY-ST-ZIP                   |   |  |  |
| TITLE                         |   |  |  |
| NAME                          | •   |  |  |
| STREET ADDRESS                |   | na   | NOT WRITE  |
| CITY-ST-ZIP                   |   |  |  |
| IIILE                         |   |  | HIS SPACE  |
| NAME<br>STREET ADDRESS        |   |  |  |
| CITY-ST-ZIP                   |   | ٠,   |  |
| TITLE                         |   |  | •  |
| NAME                          |   |  |  |
| STREET ADDRESS                |   |  |  |
| CITY-ST-ZIP                   |   |  | • •  |
| TITLE                         |   |  |  |
| NAME<br>CTREET ADDRESS        |   |  | <b>:</b>   |
| STREET ADDRESS<br>CITY+ST-ZIP |   |  |  |
| G-11-01-64                    |   |  | <u> </u>   |

11. I hereby certify that the information supplied with this filling 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 eath; 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:

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

4/23/08

Daytima Phone #