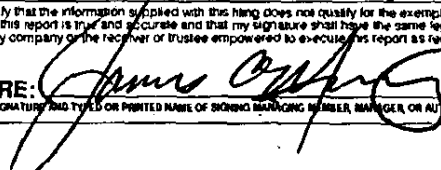


FILED
May 14, 2003 8:00 am
Secretary of State

04-21-2003 90408 030 ***150.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000010626			
1. Entity Name STONE-MURRAY GROUP LLC			
Principal Place of Business 7370 NW 36 ST SUITE 325 I MIAMI, FL 33166		Mailing Address 7370 NW 36 ST SUITE 325 I MIAMI, FL 33166	
2. Principal Place of Business 7370 NW 36 ST		3. Mailing Address PO Box 526965	
State, Apt. #, etc. #146		State, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33166		Country USA	
6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 1000 WEST AVE SUITE 1114 MIAMI BEACH, FL 33166		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
A. 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 _____ DATE _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
B. MANAGING MEMBERS/MANAGERS		C. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D STONE, W. ARTHUR 7370 NW 36 ST SUITE 325-I #146 MIAMI, FL 33166 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MURRAY, JAMES A 7370 NW 36 ST SUITE 325-I #146 MIAMI, FL 33166 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		4/17/03 305639-6710	
SIGNATURE AND TYPED OR PRINTED NAME OF SECOND MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Designation	

44001492



☐ CHECK HERE IF MAKING CHANGES

A. FEI Number **90-0032363** ☒ Applied For ☐ Not Applicable

CR2003 (10/02)