

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010035

FILED  
Aug 10, 2006  
Secretary of State

**Entity Name:** SOFISTONE INTERNATIONAL, L.L.C.

**Current Principal Place of Business:**

5130 N.W. 17TH AVE.  
MIAMI, FL 33142

**New Principal Place of Business:**

1310 COLUMBUS BLVD.  
CORAL GABLES, FL 33134

**Current Mailing Address:**

5130 N.W. 17TH AVE.  
MIAMI, FL 33142

**New Mailing Address:**

1310 COLUMBUS BLVD.  
CORAL GABLES, FL 33134

FEI Number: 02-0590775      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

DE CASTRO, MARCIAL  
1310 COLUMBUS BLVD  
CORAL GABLES, FL 33134      US

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: MGRM      ( ) Delete  
Name: DE CASTRO, MARCIAL F  
Address: 5130 N.W. 17TH AVE.  
City-St-Zip: MIAMI, FL 33142

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: DE CASTRO, MARCIAL F  
Address: 1310 COLUMBUS BLVD.  
City-St-Zip: CORAL GABLES, FL 33134

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: MARCIAL DE CASTRO

MGRM

08/10/2006

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