


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000016644

1. Entity Name
RED STONE SOLUTIONS, LLC



Principal Place of Business 3038 NORTH FEDERAL HIGHWAY SUITE D-200 FT. LAUDERDALE, FL 33306 US	Mailing Address 3038 NORTH FEDERAL HIGHWAY SUITE D-200 FT. LAUDERDALE, FL 33306 US
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01042005No Chg-LLC CR2E083 (10/03)

4. FEI Number 54-2062986	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**PISONI, MATTHEW
 3038 NORTH FEDERAL HIGHWAY
 SUITE D-200
 FT. LAUDERDALE, FL 33306**

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8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing).

Filing Fee is \$50.00 Due by May 1, 2005

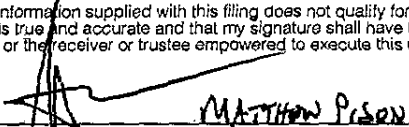
1100000220278
 02/08/05-80061-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PISONI, MATTHEW 3038 NORTH FEDERAL HIGHWAY, SUITE D-200 FT. LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRIEDBERG, SHELDON L 3038 NORTH FEDERAL HIGHWAY, SUITE D-200 FT. LAUDERDALE, FL 33306
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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:  **MATTHEW PISONI** Date: **1/12/05** Daytime Phone #: **954-670-0444**

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