2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 02, 2003 8:00 am
Secretary of State
05-01-2003 90272 023 ****50.00

DOCUMENT # L02000017903

1. Entity Name
STONE GROUP DEVELOPERS LLC

Principal Place of Business	Mailing Address
601 BRICKELL KEY DRIVE STE. 802 MIAMI FL 33131	601 BRICKELL KEY DRIVE STE. 802 MIAMI FL 33131

44003009

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
80 SW 8th Street	80 SW 8th street
Suite, Apt. #, etc. Suite 2590	Suite, Apt. # etc. Suite 2590
City & State MIAMI, FLORIDA	City & State MIAMI, Florida
Zip 33130 Country USA	Zip 33130 Country USA

4. FEI Number 16-1615987 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~VAZQUEZ, GERARDO~~ 601 BRICKELL KEY DRIVE STE. 802 MIAMI FL 33131	Name JOHN SOTORP Street Address (P.O. Box Number is Not Acceptable) 80 SW 8th STREET Suite 2590 City MIAMI FL 33130

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 [signature] 04/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE MEMBER, MANAGER NAME OSCAR E. Piccolo STREET ADDRESS 80 SW 8th street suite 2590 CITY-ST-ZIP Florida 33130	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE MANAGER MEMBER NAME JOHN D. SOTORP STREET ADDRESS 80 SW 8th STREET Suite 2590 CITY-ST-ZIP FLORIDA 33130	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: [signature] OSCAR E. Piccolo 04/30/03 (305) 371-4880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #