2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 14, 2004 8:00 am
Secretary of State
04-01-2004 90219 013 ****50.00

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03242004 Chg-LLC CR2E083 (10/03)

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1. Entity Name
NEWSTONE PARTNERS, L.C.

Principal Place of Business	Mailing Address
6221 S.W. 79 STREET MIAMI, FL 33143	6221 S.W. 79 STREET MIAMI, FL 33143

2. Principal Place of Business	3. Mailing Address
1814 NE 185 St, PMB 802	1814 NE 185 St, PMB 802
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N. Miami Beach, FL	City & State: N. Miami Beach, FL
Zip: 33179 Country: USA	Zip: 33179 Country: USA

4. FEI Number: 03-0515548 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NEWMAN, TRACY A
6221 S.W. 79 STREET
MIAMI, FL 33143

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEWMAN, TRACEY A 6221 S.W. 79 STREET MIAMI, FL 33143	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1814 NE 185 St., PMB 802 N. Miami Beach, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #