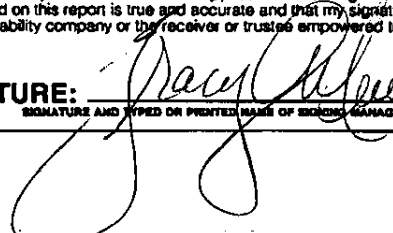


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-01-2004 90219 013 ****50.00

DOCUMENT # L03000012908 1. Entity Name NEWSTONE PARTNERS, L.C.			
Principal Place of Business 6221 S.W. 79 STREET MIAMI, FL 33143		Mailing Address 6221 S.W. 79 STREET MIAMI, FL 33143	
2. Principal Place of Business 1814 NE 185 St., PMB 802 Suite, Apt. #, etc.		3. Mailing Address 1814 NE 185 St., PMB 802 Suite, Apt. #, etc.	
City & State N. Miami Beach, FL Zip 33179		City & State N. Miami Beach, FL Zip 33179	
Country USA		Country USA	
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 resigning)			
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	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1814 NE 185 St., PMB 802 N. Miami Beach, FL 33179	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1	☐ Delete	☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	
Date		Daytime Phone #	

34003327



03242004 Chg-LLC CR2E083 (10/03)

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

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