

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000033377

FILED
Oct 14, 2004
Secretary of State

Entity Name: STONE CAPITAL LENDING GROUP LLC

Current Principal Place of Business:

2717 W. CYPRESS CREEK ROAD
SUITE 1133
FT. LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

2717 W. CYPRESS CREEK ROAD
SUITE 1133
FT. LAUDERDALE, FL 33309 US

New Mailing Address:

FEI Number: 43-2027024 **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:

MIRABAL, SONIA A
5748 NW 48 DRIVE
CORAL SPRINGS, FL 33067 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/MEMBERS:

Title: MGR () Delete
Name: MIRABAL, SONIA A
Address: 5748 NW 48 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: MGR (X) Delete
Name: SANCHEZ, ADELBERT R
Address: 8205 NW 75TH AVE.
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SONIA A. MIRABAL

MGR

10/14/2004

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