

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042782

Entity Name: ALL GRANITE, LLC

FILED
Aug 16, 2007
Secretary of State

Current Principal Place of Business:

7862 N.W. 55 STREET
MIAMI, FL 33166

New Principal Place of Business:

11350 RANDON HILLS ROAD
STE 800
FAIRFAX, VA 22030

Current Mailing Address:

7862 N.W. 55 STREET
MIAMI, FL 33166

New Mailing Address:

9844 VIA AMATI
LAKE WORTH, FL 33467

FEI Number: 26-0571845 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

LOPEZ, LESLIE
4721 N.W. 115 TERRACE
CORAL SPRINGS, FL 33076 US

Name and Address of New Registered Agent:

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/MANAGERS:

Title: D () Delete
Name: LOPEZ, LESLIE
Address: 4721 N.W. 115 TERRACE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: P () Delete
Name: NAVARRO, OSCAR
Address: 7300 LOCKPORT PLACE UNIT 5 & 6
City-St-Zip: LORTON, VA 22079

ADDITIONS/CHANGES:

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

Title: P (X) Change () Addition
Name: NAVARRO, OSCAR
Address: 11350 RANDON HILLS ROAD, STE 800
City-St-Zip: FAIRFAX, VA 22030

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: OSCAR NAVARRO

P

08/16/2007

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