
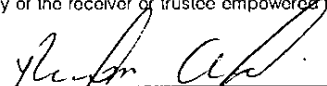


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90185 029 \*\*\*\*50.00

<b>DOCUMENT # L04000011530</b> 1. Entity Name <b>NILE MARBLE &amp; STONE LLC</b>					
Principal Place of Business <b>7178 SW 12TH STREET MIAMI FL 33126</b>			Mailing Address <b>3900 WIMBLEDON DR. LAKE MARY FL 32746</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>90-0143050</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				1st MOORE CR2E083 (10/06)	
6. Name and Address of Current Registered Agent  <b>SHAKER, ROGE 7178 N.W. 12TH STREET MIAMI FL 33126</b>			7. Name and Address of New Registered Agent Name <b>NOURIDJAN ASHDJI</b> Street Address (P.O. Box Number is Not Acceptable) <b>3900 Wimbledon Dr</b> City <b>Lake Mary</b> <b>FL</b> Zip Code <b>32746</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>MGRM ASHDJII, NOURIDJAN 7178 SW 12TH STREET MIAMI FL 33126</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<b>MGRM ASHDJI NOURIDJAN 3900 Wimbledon Dr. Lake Mary FL 32746</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.					
<b>SIGNATURE:</b>  <b>NOURIDJAN ASHDJI</b> 4/15/07 321-231-6288 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					