2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2008
Secretary of State

DOCUMENT# L04000025702

Entity Name: GOLDSTONE MANAGEMENT, LLC

Current Principal Place of Business:

C/O WILLIAM C. SUSSMAN
1570 MADRUGA AVENUE, SUITE 311
CORAL GABLES, FL 33146

New Principal Place of Business:

C/O WILLIAM C. SUSSMAN
10165 SW 71 AVENUE
PINECREST, FL 33156

Current Mailing Address:

C/O WILLIAM C. SUSSMAN
1570 MADRUGA AVENUE, SUITE 311
CORAL GABLES, FL 33146

New Mailing Address:

C/O WILLIAM C. SUSSMAN
P.O. BOX 565175
MIAMI, FL 332565175

FEI Number: 20-1030791 **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:

SUSSMAN, WILLIAM C
1570 MADRUGA AVENUE, SUITE 311
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

SUSSMAN, WILLIAM C
10165 SW 71 AVENUE
PINECREST, FL 331563233 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: WILLIAM C. SUSSMAN 07/14/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SUSSMAN, WILLIAM C
Address: 1570 MADRUGA AVENUE, #311
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES:

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

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: WILLIAM C. SUSSMAN MGRM 07/14/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date