


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000035153</b> 1. Entity Name <b>NORTH STONE LLC</b>	
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Principal Place of Business <b>20201 EAST COUNTRY CLUB DRIVE SUITE 2310 AVENTURA, FL 33180 US</b>	Mailing Address <b>20201 EAST COUNTRY CLUB DRIVE SUITE 2310 AVENTURA, FL 33180 US</b>
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02282008 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1220880</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SEIF, DAVID T ESQ. 915 MIDDLE RIVER DRIVE FORT LAUDERDALE, FL 33304</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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6. 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 retesting) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DARER, EDUARDO 20201 EAST COUNTRY CLUB DRIVE SUITE 2310 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DARER, OSCAR 20201 EAST COUNTRY CLUB DRIVE SUITE 2310 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DARER, SARITA 20201 EAST COUNTRY CLUB DRIVE SUITE 2310 AVENTURA, FL 33180
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03/15/06-B0009-004 55.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 609, Florida Statutes.

**SIGNATURE:**  **2/29/2006 305/936 27 01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #