

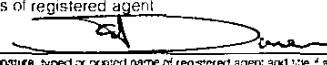


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90027 045 ****55.00

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|---|--|--|--|---|--|
| DOCUMENT # L04000035153 1. Entity Name NORTH STONE LLC | | | |  | |
| Principal Place of Business 20201 EAST COUNTRY CLUB DRIVE SUITE 2310 AVENTURA, FL 33180 US | | | Mailing Address 20201 EAST COUNTRY CLUB DRIVE SUITE 2310 AVENTURA, FL 33180 US | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State | | City & State | | 04112007 Chg-LLC CR2E083 (12/06) | |
| Zip | | Country | | 4. FEI Number 20-1220880 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$5.00 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent SEIF, DAVID T-ESQ. 915 MIDDLE RIVER DRIVE FORT LAUDERDALE, FL 33304 | | | | 7. Name and Address of New Registered Agent Name EDUARDO DARER Street Address (P.O. Box Number is Not Acceptable) 20201 EAST COUNTRY CLUB DR # 2310 City AVENTURA FL Zip Code 33180 | |
| 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  EDUARDO DARER DATE 4/11/07 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DARER, EDUARDO 20201 EAST COUNTRY CLUB DRIVE SUITE 2310 AVENTURA, FL 33180 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DARER, OSCAR 20201 EAST COUNTRY CLUB DRIVE SUITE 2310 AVENTURA, FL 33180 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DARER, SARITA 20201 EAST COUNTRY CLUB DRIVE SUITE 2310 AVENTURA, FL 33180 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 608, Florida Statutes. | | | | | |
| SIGNATURE  | | | 4/11/07 305-9362781 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | | | |