


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000052255**

1. Entity Name  
**SOUTH STONE, LLC**



|  |  |
|--|--|
| Principal Place of Business<br><b>20201 E COUNTRY CLUB DRIVE<br/>         2310<br/>         AVENTURA, FL 33180</b> | Mailing Address<br><b>20201 E COUNTRY CLUB DRIVE<br/>         2310<br/>         AVENTURA, FL 33180</b> |
|--|--|

Barcode: 

04112007 No Chg-LLC      CR2E083 (11/05)

|  |                                       |
|--|---------------------------------------|
| 4. FEI Number<br><b>20-1362894</b>                                   | Applied For<br>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**

**KORN, GARY  
 20801 BISCAYNE BLVD  
 AVENTURA, FL 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>DARER, EDUARDO<br>20201 E COUNTRY CLUB DRIVE UNIT 2310<br>AVENTURA, FL 33180 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>DARER, OSCAR<br>20201 E COUNTRY CLUB DRIVE UNIT 2310<br>AVENTURA, FL 33180   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>DARER, ENRIQUE<br>20201 E COUNTRY CLUB DRIVE UNIT 2310<br>AVENTURA, FL 33180 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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 04/24/07-80136-002 55.00

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:**  **EDUARDO DARER**      4/11/07      3059362781

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #