2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State 06-15-2006 90098 014 ****50.00 **DOCUMENT # L05000066038** 1. Entity Name USA GRANITE, LLC 40095656 Principal Place of Business Mailing Address 1001 NORTHWEST 12TH TERRACE 1001 NORTHWEST 12TH TERRACE POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33069 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06072006 Chg-LLC CR2E083 (11/05) City & State City & State Applied For 4. FEI Number 04-3820200 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired .. Fee Required... 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 City Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 6, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGR ☐ Delete TITLE □ Change ■ Addition FONTANA DE CASTRO, ERANDYR NAME NAME 1001 NORTHWEST 12TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33069 CITY-ST-ZIP MGR Delete TITLE TITLE Change ☐ Addition GARCIA FONTAN, ESTEFANO NAME NAME STREET ADDRESS 1001 NORTHWEST 12TH TERRACE STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33069 CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME HASBUN, SALVADOR NAME STREET ADDRESS STREET ADDRESS 1001 NORTHWEST 12TH TERRACE CITY-ST-ZIP CITY-ST-7IP POMPANO BEACH, FL 33069 ☐ Delete ☐ Change ☐ Addition TITLE TITLE GARCIA FONTAN, ESTEFANO NAME STREET ADDRESS 1001 NORTHWEST 12TH TERRACE STREET ADDRESS POMPANO BEACH, FL 33069 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 emptywered to execute this report as required by Chapter 608, Florida Statutes.

ER OR AUTHORIZED REPRESENTATIVE

FILED Jun 15, 2006 8:00 am