

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081322

Entity Name: FIRST STONE, LLC

FILED  
Apr 05, 2007  
Secretary of State

## Current Principal Place of Business:

2121 PONCE DE LEON BLVD., SUITE 1050  
CORAL GABLES, FL 33134

## New Principal Place of Business:

## Current Mailing Address:

2121 PONCE DE LEON BLVD., SUITE 1050  
CORAL GABLES, FL 33134

## New Mailing Address:

FEI Number: 20-3361705

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA, INC.  
2121 PONCE DE LEON BLVD., SUITE 1050  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MARQUEZ, LEONARDO  
Address: CRA. 1, NO. 76 A-33, APTO. 402  
City-St-Zip: BOGOTA, COLOMBIA, XX XX

Title: MGRM ( ) Delete  
Name: GIL, JAMIR A  
Address: CRA. 1, NO. 76 A-33, APTO. 402  
City-St-Zip: BOGOTA, COLOMBIA, XX XX

## ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition  
Name: GIL, JAMIR A  
Address: CRA. 1, NO. 76 A-33, APTO. 402  
City-St-Zip: BOGOTA, COLOMBIA, XX XX XX

I hereby certify that the information supplied with this filing does not qualify for the 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: LEONARDO MARQUEZ

MGRM

04/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date