

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2006 8:00 am
Secretary of State

03-10-2006 90131 046 ****55.00

DOCUMENT # L05000087046					
1. Entity Name NORTH STONE II, LLC					
Principal Place of Business 20201 EAST COUNTRY CLUB DRIVE, STE. 2310 AVENTURA, FL 33180			Mailing Address 20201 EAST COUNTRY CLUB DRIVE, STE. 2310 AVENTURA, FL 33180		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02282006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 20-3423823				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HOTTE, JOHN F ESQ. C/O FRAZIER, HOTTE & ASSOCIATES, P.A. 6550 NORTH FEDERAL HIGHWAY, SUITE 220 FT. LAUDERDALE, FL 33308				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State		DATE	
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ☐ Delete DARER, EDUARDO 20201 EAST COUNTRY CLUB DRIVE, STE. 2310 AVENTURA, FL 33180				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ☐ Delete DARER, OSCAR 20201 EAST COUNTRY CLUB DRIVE, STE. 2310 AVENTURA, FL 33180				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ☐ Delete DARER, ENRIQUE 20201 EAST COUNTRY CLUB DRIVE, STE. 2310 AVENTURA, FL 33180				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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:				2/20/2006 305/936 2761	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date	