2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 02, 2007 8:00 am Secretary of State **DOCUMENT # L05000106501** 1. Entity Name 05-02-2007 90344 015 ****50.00 GRAÝSTONE GROUP, LLC Principal Place of Business Mailing Address 400010~~ **4025 CATTLEMEN RD** 4025 CATTLEMEN RD #163 #163 SARASOTA, FL 34233 SARASOTA, FL 34233 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-3768071 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 SEAT, TIMOTHY 2829 CATTLEMEN ROAD Street Address (P.O. Box Number is Not Acceptable) SARASOTA, FL 34232 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM MGR TITLE Delete TITLE ☐ Change ☐ Addition JenMar Group LLC 4035 Cattlemen Rel #163 NAME METRO CAPITAL GROUP, INC. NAME STREET ADDRESS 3225 MCLEOD DRIVE SUITE #100 STREET ADDRESS CITY-ST-ZIP LAS VEGAS, NV 89121 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE MILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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☐ Change

Addition

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PED OR PRINTED NAME OF BIGHING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE