

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000004103

Entity Name: ALLISON L. STONE, LLC

FILED
May 20, 2008
Secretary of State

Current Principal Place of Business:

1680 MICHIGAN AVENUE
736
MIAMI BEACH, FL 33139

New Principal Place of Business:

407 LINCOLN ROAD
500
MIAMI BEACH, FL 33139

Current Mailing Address:

1680 MICHIGAN AVENUE
736
MIAMI BEACH, FL 33139

New Mailing Address:

407 LINCOLN ROAD
500
MIAMI BEACH, FL 33139

FEI Number: 11-3788468 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ALLISON, STONE ESQ.
1680 MICHIGAN AVENUE
736
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

ALLISON, STONE ESQ.
407 LINCOLN ROAD
500
MIAMI BEACH, FL 33139 US

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: ALLISON L. STONE, ESQ.

05/20/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STONE, ALLISON L
Address: 1680 MICHIGAN AVENUE #736
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: STONE, ALLISON L
Address: 407 LINCOLN ROAD SUITE 500
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify 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: ALLISON L. STONE

MGRM

05/20/2008

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