


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90037 009 \*\*\*\*50.00

<b>DOCUMENT # L06000006010</b>	
1. Entity Name <b>NATURAL STONE CONSULTANTS, LLC</b>	

Principal Place of Business <b>7412 BERKSHIRE PINES DRIVE NAPLES, FL 34104</b>	Mailing Address <b>7412 BERKSHIRE PINES DRIVE NAPLES, FL 34104</b>
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**60038392**



2. Principal Place of Business - No P.O. Box # <b>3300 NE 191 STREET</b>	3. Mailing Address <b>SAME</b>
Suite, Apt. #, etc. <b># 1213</b>	Suite, Apt. #, etc.
City & State <b>AVENTURA, FL</b>	City & State
Zip <b>33180</b>	Country <b>US</b>

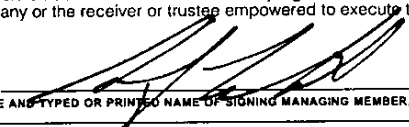
03292007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent  <b>MATSUMOTO, STEPHEN 7412 BERKSHIRE PINES DRIVE NAPLES, FL 34104</b>	
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7. Name and Address of New Registered Agent Name <b>ALEJANDRA USET</b> Street Address (P.O. Box Number is Not Acceptable) <b>3300 NE 191 STREET #1213</b> City <b>AVENTURA</b> FL Zip Code <b>33180</b>	
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  DATE <b>03/29/07</b>	

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MATSUMOTO, STEPHEN 7412 BERKSHIRE PINES DRIVE NAPLES, FL 34104 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR USET, ALEJANDRA 3300 NE 191 STREET #1213 AVENTURA, FL 33180 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MATSUMOTO, MARIA A 7412 BERKSHIRE PINES DRIVE NAPLES, FL 34104 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date <b>3/29/07</b> 888-886-6003 Daytime Phone #