

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000025233

FILED
May 01, 2009
Secretary of State

Entity Name: BLUE STONE USA, L.L.C.

Current Principal Place of Business:

10796 PINES BLVD
SUITE 204
PEMBROKE PINES, FL 33026 US

New Principal Place of Business:

1100 ALFONSO AVENUE
CORAL GABLES, FL 33146 US

Current Mailing Address:

10796 PINES BLVD
SUITE 204
PEMBROKE PINES, FL 33026 US

New Mailing Address:

1100 ALFONSO AVENUE
CORAL GABLES, FL 33146 US

FEI Number: 20-4454319 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:

MOYAL, PATRICK
10796 PINES BLVD
SUITE 204
PEMBROKE PINES, FL 33026 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: MGR () Delete
Name: DAIAN, ALEX
Address: 10796 PINES BLVD SUITE 204
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: MGR () Delete
Name: MOREL, EMMANUEL
Address: 9017 GARLAND AVENUE
City-St-Zip: SURFSIDE, FL 33154 US

ADDITIONS/CHANGES:

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

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

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: ALEX DAIAN

MGR

05/01/2009

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