2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 28, 2008 08:00 AN Secretary of State DOCUMENT # L06000045762 1. Entity Name GRAYSTONE LLC Principal Place of Business Mailing Address 16100 SW 146TH CT. 16100 SW 146TH CT. MIAMI, FL 33177 MIAMI, FL 33177 04252008No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 39-2053660 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VALENZANO, OMAIRA DO NOT WRITE ALLAN DOYLE, C.P.A. 175 FONTAINEBLEAU BLVD., STE, 1-B IN THIS SPACE MIAMI, FL 33172 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 rematating) DATE FiLE NOWI!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS MGR TITLE ... NAME CHAGUACEDA, LUIS STREET ADDRESS 16100 SW 146TH CT. CITY-ST-ZIP MIAMI, FL 33177 U00000929829 05/21/08-80085-008 138.75 τπιε MGR NAME GUERRA, RITA 16100 SW 146TH CT. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33177 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filling 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. 4-26-08

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R, OR AUTHORIZED REPRESENTATIVE

Daytene Phone 6

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING