



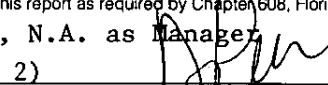


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000053714						<div style="transform: rotate(-15deg);"> ACCOUNTS PAYABLE DEPT. 2007 FEB 12 P 3:30 RECEIVED </div>					
1. Entity Name STONE MANAGEMENT, LLC				Principal Place of Business 220 ALHAMBRA CIRCLE 11TH FLOOR CORAL GABLES, FL 33134 US				Mailing Address 220 ALHAMBRA CIRCLE 11TH FLOOR CORAL GABLES, FL 33134 US			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.							
City & State				City & State							
Zip		Country		Zip		Country					
4. FEI Number N/A				Applied For <input checked="" type="checkbox"/> Not Applicable				01052007 Chg-LLC CR2E083 (12/06)			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required							
6. Name and Address of Current Registered Agent										7. Name and Address of New Registered Agent	
CTC MANAGEMENT SERVICES, LLC 220 ALHAMBRA CIRCLE 11TH FLOOR CORAL GABLES, FL 33134				Name Street Address (P.O. Box Number is Not Acceptable) City						FL Zip Code	
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							
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES							
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" 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				02/26/07-90309-006-\$55.00 SECRETARY OF STATE TALLAHASSEE, FLORIDA 2007 MAR 19 AM 9:31 FILED			
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							
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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.											
Commencebank Trust Company, N.A. as Manager											
SIGNATURE: 1)  2) 											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE											
Date 1-5-2007 (305) 441-5555											