2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPURI							
DOCUMENT # L06000053714 1. Entity Name STONE MANAGEMENT, LLC				1000	HETTE P	- TUEPT. -3:-30-	
		A A *** A		1657	1 20		
Principal Place of Business Mailing Address						المات	
220 ALHAMBRA CIRCLE 220 ALHAMBRA CIRCLE 11TH FLOOR 11TH FLOOR			C .				
CORAL GABLES, FL 33134 US CORAL GABLES, FL 33134							IBBI 141 IBB1
Principal Place of Business - No P.O. Box # Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #,				01052007	Chg-LLC	CR2E083 (12/06)	
City & Stat		City & State			ber N/A		pplied For at Applicable
Zip	Country	Zip	Country	5. Certifica	te of Status Desired	\$5.00 Add Fee Require	
	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
				те			
220 ALHAI	AGEMENT SERVICES, MBRA CIRCLE	LLC	Street A	Street Address (P.O. Box Number is Not Acceptable)			
11TH FLOOR CORAL GABLES, FL 33134							
			City			FL Zip Code	9
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 regist	tered agent and title if applicable. (NOT	E: Registered Agent signate	re required when reinstating)		DATE	- A
Filing Fee is \$50.00 Due by May 1, 2007						ke check payable to la Department of State	. #
9.	MANAGING	MEMBERS/MANAGERS	10.		ADDITIONS	/CHANGES	
TITLE NAME		☐ Delete	TITLE	MGR	anle Tresset (☐ Change Company, N.A.	XX Addition
STREET ADDRESS			name Street address			, llth Floor	'
CITY+ST-ZIP			CITY-ST-ZIP		les, Flori		
TITLE		Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				Ì
CITY-S1-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS			NAME Street address	00/-1			
CITY-ST-ZIP			CITY-ST-ZIP	02/26/0	7-90309	1-006-#5	5.00
TITLE		☐ Delete	TITLE	1- 1		☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS			2007 SEC	-
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE				detion
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CITY-ST-ZIP			CITY-ST-ZIP			9EE • • • • • • • • • • • • • • • • • • •	1
TITLE		☐ Delete	TITLE			angenge □ C C C C C C C C C C C C C C C C C C	Addition
NAME STREET ADDRESS			NAME			19: 19:	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			RIGE :3	
11. 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 cath; 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 Chaptel 608, Florida Statutes.							
Commercebank Trust Company, N.A. as Manager							
			10	.	•		
SIGNAT	Commerceba		N.A. as M	anage W	1-5-20	∞7 (305) 441	1-5555