


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90024 019 \*\*\*\*50.00

**DOCUMENT # L03000038010**

1. Entity Name  
**3 STONES MARBLE, LLC**



Principal Place of Business  
**1313 PONCE DE LEON BLVD., STE. 310  
 CORAL GABLES, FL 33134**

Mailing Address  
**1313 PONCE DE LEON BLVD., STE. 310  
 CORAL GABLES, FL 33134**

2. Principal Place of Business  
**5280 N.W. 113 Place**

3. Mailing Address  
*same*

Suite, Apt. #, etc.

City & State  
**Miami, FL**

City & State

Zip  
**33178**

Country

Zip  
 Country

05012006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**13-4266851**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**SANCHEZ-GALARRAGA, JORGE  
 1313 PONCE DE LEON BLVD., STE. 310  
 CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name **LUZ ADRIANA ARISTIZABAL**

Street Address (P.O. Box Number is Not Acceptable)  
**5280 N.W. 113 Place**

City **Miami** FL Zip Code **33178**

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 *Luz Adriana Aristizabal*

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, 2006**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	ARISTIZABAL, LUZ ADRIANA	
STREET ADDRESS	19676 E. COUNTRY CLUB DR.	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUZ ADRIANA ARISTIZABAL	
STREET ADDRESS	5280 N.W. 113 Place	
CITY-ST-ZIP	Miami, FL 33178	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Luz Adriana Aristizabal*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

