


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

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

**2006 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |                                                                                 |                                                                                                                                                                                                                          |                                                                                          |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # L03000038010</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           |                                                                                 |                                                                                                                                                                                                                          |         |                                                                              |
| 1. Entity Name<br>3 STONES MARBLE, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |                                                                                 |                                                                                                                                                                                                                          |                                                                                          |                                                                              |
| Principal Place of Business<br>1313 PONCE DE LEON BLVD., STE. 310<br>CORAL GABLES, FL 33134                                                                                                                                                                                                                                                                                                                                                                                                              |                           | Mailing Address<br>1313 PONCE DE LEON BLVD., STE. 310<br>CORAL GABLES, FL 33134 |                                                                                                                                                                                                                          |                                                                                          |                                                                              |
| 2. Principal Place of Business<br><i>5280 N.W. 113 Place</i>                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           | 3. Mailing Address<br><i>same</i>                                               |                                                                                                                                                                                                                          |                                                                                          |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           | Suite, Apt. #, etc.                                                             |                                                                                                                                                                                                                          |                                                                                          |                                                                              |
| City & State<br><i>Miami, FL</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           | City & State                                                                    |                                                                                                                                                                                                                          | 4. FEI Number<br>13-4266851                                                              |                                                                              |
| Zip<br><i>33178</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           | Country                                                                         |                                                                                                                                                                                                                          | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |                                                                              |
| 6. Name and Address of Current Registered Agent<br>SANCHEZ-GALARRAGA, JORGE<br>1313 PONCE DE LEON BLVD., STE. 310<br>CORAL GABLES, FL 33134                                                                                                                                                                                                                                                                                                                                                              |                           |                                                                                 | 7. Name and Address of New Registered Agent<br>Name: <i>LUZ ADRIANA ARISTIZABAL</i><br>Street Address (P.O. Box Number is Not Acceptable):<br><i>5280 N.W. 113 Place</i><br>City: <i>Miami</i> FL Zip Code: <i>33178</i> |                                                                                          |                                                                              |
| 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: <i>Luz Adriana Aristizabal</i><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                    |                           |                                                                                 |                                                                                                                                                                                                                          | DATE                                                                                     |                                                                              |
| Filing Fee is \$50.00<br>Due by May 1, 2006                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                                                                                 | Make check payable to<br>Florida Department of State                                                                                                                                                                     |                                                                                          |                                                                              |
| 9. MANAGING MEMBERS / MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           |                                                                                 | 10. ADDITIONS / CHANGES                                                                                                                                                                                                  |                                                                                          |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MGRM                      | <input checked="" type="checkbox"/> Delete                                      | TITLE                                                                                                                                                                                                                    | <i>MGRM</i>                                                                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ARISTIZABAL, LUZ ADRIANA  |                                                                                 | NAME                                                                                                                                                                                                                     | <i>LUZ ADRIANA ARISTIZABAL</i>                                                           |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 19676 E. COUNTRY CLUB DR. |                                                                                 | STREET ADDRESS                                                                                                                                                                                                           | <i>5280 N.W. 113 Place</i>                                                               |                                                                              |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | AVENTURA, FL 33180        |                                                                                 | CITY - ST - ZIP                                                                                                                                                                                                          | <i>Miami, FL 33178</i>                                                                   |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           | <input type="checkbox"/> Delete                                                 | TITLE                                                                                                                                                                                                                    |                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                                                                                 | NAME                                                                                                                                                                                                                     |                                                                                          |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           |                                                                                 | STREET ADDRESS                                                                                                                                                                                                           |                                                                                          |                                                                              |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |                                                                                 | CITY - ST - ZIP                                                                                                                                                                                                          |                                                                                          |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           | <input type="checkbox"/> Delete                                                 | TITLE                                                                                                                                                                                                                    |                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                                                                                 | NAME                                                                                                                                                                                                                     |                                                                                          |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           |                                                                                 | STREET ADDRESS                                                                                                                                                                                                           |                                                                                          |                                                                              |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |                                                                                 | CITY - ST - ZIP                                                                                                                                                                                                          |                                                                                          |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           | <input type="checkbox"/> Delete                                                 | TITLE                                                                                                                                                                                                                    |                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                                                                                 | NAME                                                                                                                                                                                                                     |                                                                                          |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           |                                                                                 | STREET ADDRESS                                                                                                                                                                                                           |                                                                                          |                                                                              |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |                                                                                 | CITY - ST - ZIP                                                                                                                                                                                                          |                                                                                          |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           | <input type="checkbox"/> Delete                                                 | TITLE                                                                                                                                                                                                                    |                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                                                                                 | NAME                                                                                                                                                                                                                     |                                                                                          |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           |                                                                                 | STREET ADDRESS                                                                                                                                                                                                           |                                                                                          |                                                                              |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |                                                                                 | 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: <i>Luz Adriana Aristizabal</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                        |                           |                                                                                 |                                                                                                                                                                                                                          | Date                                                                                     |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |                                                                                 |                                                                                                                                                                                                                          | Daytime Phone #                                                                          |                                                                              |

*60035082*

