


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90104 025 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # L04000032016</b><br>1. Entity Name<br><b>U.S. ROCK &amp; SOIL, LLC</b> |  |
|--|---|

|  |   |
|--|---|
| Principal Place of Business<br><b>5030 EDWARDS ROAD</b><br><b>FORT PIERCE, FL 34981 US</b> | Mailing Address<br><b>PO BOX 13132</b><br><b>FORT PIERCE, FL 34979 US</b> |
|--|---|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |



02172005 Chg-LLC CR2E083 (10/03)

|   |  |  |          |
|---|--|--|----------|
| 6. Name and Address of Current Registered Agent                                   |  | 7. Name and Address of New Registered Agent                        |          |
| <b>CATALANO, STEVEN</b><br><b>5030 EDWARDS RD.</b><br><b>FT. PIERCE, FL 34981</b> |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |          |
|   |  | <b>FL</b>  | Zip Code |

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>81-0648686</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
|---|---------------------------------------|

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

|   |  |  |
|---|--|--|
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b> |  | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|--|

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES           |                                   |
|--|--|---------------------------------|-----------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM</b><br><b>CATALANO, STEVEN</b><br><b>5030 EDWARDS RD.</b><br><b>FT. PIERCE, FL 34981</b> | <input type="checkbox"/> Delete |                                   |
|  |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|  |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|  |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|  |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|  |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|  |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Steven Catalano      2/17/05      772-336-9705  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #