


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2004 08:00 AM
Secretary of State

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| DOCUMENT # M02000000994 1. Entity Name CASTLE ROCK CONSTRUCTION, LLC |  |
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| Principal Place of Business 42 HUDSON STREET, STE. 107 ANNAPOLIS, MD 21401 | Mailing Address 42 HUDSON STREET, STE. 107 ANNAPOLIS, MD 21401 |
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01072004 No Chg-LLC CR2E083 (10/03)

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| 4. FEI Number 75-3037475 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent REGISTERED AGENTS LEGAL SERVICES, INC. 1333 NORTH DUVAL STREET TALLAHASSEE, FL 32302 |
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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.

Filing Fee is \$50.00
Due by May 1, 2004

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BERNHARDT, PHILLIP 42 HUDSON STREET, STE. 107 ANNAPOLIS, MD 21401 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR FORMAN, STEVEN 42 HUDSON STREET, STE. 107 ANNAPOLIS, MD 21401 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BABBITT, ROBERT 42 HUDSON STREET, STE. 107 ANNAPOLIS, MD 21401 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR FRAVEL, ELIZABETH 42 HUDSON STREET, STE. 107 ANNAPOLIS, MD 21401 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 01/14/04-80001-010 55.00

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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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Elizabeth W. Fravel ELIZABETH W. FRAVEL 1/9/04 (410) 573-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #