


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90153 016 ****55.00

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1. Entity Name
 CASTLE ROCK CONSTRUCTION, LLC



Principal Place of Business
 42 HUDSON STREET, STE. 107
 ANNAPOLIS, MD 21401

Mailing Address
 42 HUDSON STREET, STE. 107
 ANNAPOLIS, MD 21401

20006285



DO NOT WRITE IN THIS SPACE

01212005 No Chg-LLC CR2E083 (10/03)

4. FEI Number
 75-3037475

Applied For
 Not Applicable

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

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 _____
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, 2005**

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	MGR FACH, DOUGLAS 712 MCCANN RD SEVERNA PARK MD 21146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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, MANAGER 1/26/05 (410)573-1000

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