FILED
Apr 22, 2004 8:00 am
Secretary of State
03-25-2004 90218 015 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

3/2

DOCUMENT # L03000048974

1. Entity Name
ROCK STAR STONE MASONRY L.L.C.

34003680

MOORE CR2E083 (11/03)

Principal Place of Business	Mailing Address
1741 NORTH SHORE TERRACE ORLANDO FL 32803	1741 NORTH SHORE TERRACE ORLANDO FL 32803

2. Principal Place of Business		3. Mailing Address	
Mobil		P.O.Box 660117	
Suite, Apt. #, etc. 1625 Saboff Way		Suite, Apt. #, etc.	
City & State Chuluota FL		City & State Chuluota FL	
Zip 32766	Country Seminole	Zip 32766	Country Seminole

4. FEI Number 02-0711832 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~MCNEIL, EDWIN R~~
~~1741 NORTH SHORE TERRACE~~
~~ORLANDO FL 32803~~
1625 Saboff Way Chuluota FL 32766

7. Name and Address of New Registered Agent

Name Edwin R. McNeil
Street Address (P.O. Box Number is Not Acceptable) P.O. Box 660117
City Chuluota FL Zip Code 32766

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 ______ DATE 3/5/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MCNEIL, EDWIN R 1741 NORTH SHORE TERRACE ORLANDO FL 32803	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR McNeil Edwin R 1625 Saboff Way Chuluota, FL. 32766	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR McNeil Edwin R 1625 Saboff Way Chuluota FL 32766	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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