

April 6, 2005 8:15 PM

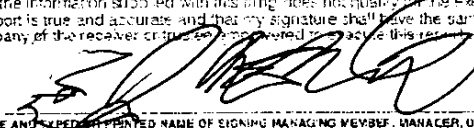
From: GPaltakis FaxID

Fax Number: 7862769:

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90280 025 ****50.00

DOCUMENT # L03000048974			
1. Entity Name ROCK STAR STONE MASONRY L.L.C.			
Principal Place of Business MOBIL 1625 SABOTT WAY CHULUOTA, FL 32766		Mailing Address P.O. BOX 660117 CHULUOTA, FL 32766	
2. Principal Place of Business 1625 SABOTT WAY CHULUOTA, FL 32766		3. Mailing Address 1625 SABOTT WAY CHULUOTA, FL 32766	
City & State CHULUOTA, FL 32766		City & State CHULUOTA, FL 32766	
Zip 32766		Zip 32766	
Country USA		Country USA	
6. Name and Address of Current Registered Agent MCNEIL, EDWIN R 1625 SABOTT WAY P.O. BOX 660117 CHULUOTA, FL 32766		7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:	
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 N.A. EDWIN MCNEIL		DATE 04/07/05	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR ☐ Delete NAME MCNEIL, EDWIN R STREET ADDRESS 1625 SABOTT WAY CITY-ST-ZIP CHULUOTA, FL 32766		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), Florida Statutes. I further certify that the information included on this report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 689, Florida Statutes.			
SIGNATURE: 		DATE: 04/07/05 4075385642	
SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			