2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000000705

1. Entity Name
ORMOND FUNERAL PROPERTIES, LLC



FILED Apr 23, 2008 08:00 AN Secretary of State

Principal Place of Business

1210 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176 Mailing Address

725 WEST GRANADA BLVD SUITE 48 ORMOND BEACH, FL. 32174



02212008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3479181 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LOHMAN, NANCY 1423 BELLEVUE AVE DAYTONA BEACH, FL 32114

DO NOT WRITE IN THIS SPACE

The above named entity submits this statement for the purpose of charthe obligations of registered agent.		in the State of Florida. I am familiar with, and accept
SIGNATURE	(NOTE: Asgistored Agent signature required when revisiating)	DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGR			
NAME	LOHMAN, LOWELL			
STREET ADDRESS	1210 JOHN ANDERSON DR.			
CITY-ST-ZIP	ORMOND BEACH, FL 32176			
TITLE	MGR			
NAME	LOHMAN, NANCY			
STREET ADDRESS	1210 JOHN ANDERSON DR.			
CITY-ST-ZIP	ORMOND BEACH, FL 32176			
TITLE	MGR			
NAME	LOHMAN, TY			
STREET ADDRESS	5 OAKWOOD PARK			
CHY-SI-ZIP	ORMOND BEACH, FL 32174			
THILE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
ITILE				
NAME				
STREET ADORESS				
CITY-ST-ZIP				
11. I hereby certify that the information supplied with this filling does not qualify for the ex-				

MANAGING MEMBERS/MANAGERS

05/13/08=80026=005-138:75

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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.

cı		ATI	IRE.
•	1-1		1 PC P~ -

SIGNATURE AND TYPED OF PRINTED NAME OF SENING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-11-12

286-1 15-1170

Date

Daytima Phone #