

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90063 030 ****50.00

DOCUMENT # L99000009295

1. Entity Name
ORNAMENTAL CAST STONE LLC



Principal Place of Business
**11500 OVERSEAS HWY.
MARATHON, FL 33050**

Mailing Address
**11500 OVERSEAS HWY.
MARATHON, FL 33050**



02172004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0529929

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**D'ASCANIO, FRANCO L
11500 OVERSEAS HWY.
MARATHON, FL 33050**

**DO NOT WRITE
IN THIS SPACE**

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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	D'ASCANIO, ANTHONY
STREET ADDRESS	204 S. ANGLERS DR.
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	MGR
NAME	D'ASCANIO, AMEDEO
STREET ADDRESS	295 14TH STREET
CITY-ST-ZIP	KEY COLONY BEACH, FL 33051
TITLE	MGR
NAME	D'ASCANIO, FRANCO
STREET ADDRESS	431 2ND ST.
CITY-ST-ZIP	KEY COLONY BEACH, FL 33051
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:  **CFD Brian Feinman CPA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/23/04 305-743-7130