2005 LIMITED LIABILITY COMPANY

Apr 27, 2005 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L99000009295 04-27-2005 90036 022 ****50.00 ORNAMENTAL CAST STONE LLC Principal Place of Business Mailing Address 11500 OVERSEAS HWY. 11500 OVERSEAS HWY. MARATHON, FL 33050 MARATHON, FL 33050 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 04092005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 65-0529929 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent D'ASCANIO, FRANCO L 11500 OVERSEAS HWY. Street Address (P.O. Box Number is Not Acceptable) MARATHON, FL 33050 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE ☐ Delete TITLE ☐ Addition NAME D'ASCANIO, ANTHONY NAME 11500 OVERFORE HWY STREET ADDRESS 204 S. ANGLERS DR. STREET ADDRESS CITY-ST-ZIP MARATHON, FL 33050 MAZITHON, FL 33050 CITY-ST-ZIP TITLE MGR ☐ Delete TITLE Addition D'ASCANIO, AMEDEO NAME NAME 11500 OVERSORS HUY STREET ADDRESS STREET ADDRESS 295 14TH STREET MACADION, FZ 33050 CITY-ST-ZIP KEY COLONY BEACH, FL 33051 CITY-ST-ZIP MGR TITLE Change TITLE ☐ Delete ☐ Addition NAME D'ASCANIO, FRANCO NAME 11500 OVERSORS HUY STREET ADDRESS STREET ADDRESS 431 2ND ST. CITY-\$1-ZIP KEY COLONY BEACH, FL 33051 CITY-ST-ZIP MARATHON, FL 33050 ☐ Detete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE [] Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP

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 accurate land that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the ever or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. I hereby certify that the information indicated on this report is true and limited liability company or the sec

THEDWAN SIGNATURE: NTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED