

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90323 003 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04272007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 13-4224618				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COLEMAN, JERRY ESQ 201 FRONT STREET STE 203 MARATHON, FL 33050			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 <i>Jerry Coleman, Esq</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <i>4/30/07</i> <small>NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR D'ASCANIO, ANTHONY 11500 OVERSEAS HWY MARATHON, FL 33050	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR D'ASCANIO, AMEDEO 11500 OVERSEAS HWY MARATHON, FL 33050	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR D'ASCANIO, FRANCO 11500 OVERSEAS HWY MARATHON, FL 33050	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM D'ASIGN GROUP, LLC 11500 OVERSEAS HWY MARATHON, FL 33050	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR D'ASCANIO, ANTHONY 11500 OVERSEAS HWY MARATHON, FL 33050	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR D'ASCANIO, AMEDEO 11500 OVERSEAS HWY MARATHON, FL 33050	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR D'ASCANIO, FRANCO 11500 OVERSEAS HWY MARATHON, FL 33050	<input type="checkbox"/> Delete			
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.					
SIGNATURE: <i>Anthony D'Ascanio</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE: <i>4/30/07</i> DAYTIME PHONE: <i>305-743-7130</i>		