

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # M02000000994

1. Entity Name  
CASTLE ROCK CONSTRUCTION, LLC



Principal Place of Business  
42 HUDSON STREET, STE. 107  
ANNAPOLIS, MD 21401

Mailing Address  
42 HUDSON STREET, STE. 107  
ANNAPOLIS, MD 21401



01072004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
75-3037475

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

REGISTERED AGENTS LEGAL SERVICES, INC.  
1333 NORTH DUVAL STREET  
TALLAHASSEE, FL 32302

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
BERNHARDT, PHILLIP  
42 HUDSON STREET, STE. 107  
ANNAPOLIS, MD 21401

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
FORMAN, STEVEN  
42 HUDSON STREET, STE. 107  
ANNAPOLIS, MD 21401

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
BABBITT, ROBERT  
42 HUDSON STREET, STE. 107  
ANNAPOLIS, MD 21401

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
FRAVEL, ELIZABETH  
42 HUDSON STREET, STE. 107  
ANNAPOLIS, MD 21401

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

000000003817  
01/14/04-80001-010 55.00

**DO NOT WRITE  
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: Elizabeth W. Fravel ELIZABETH W. FRAVEL 1/9/04 (410) 573-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #