

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90153 016 ****55.00

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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

20006285



01212005No 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

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, 2005**

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
MGR
FACH, DOUGLAS
712 MCCANN RD
SEVERNA PARK MD 21146

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: *Elizabeth W. Fravel* ELIZABETH W. FRAVEL, MANAGER 1/26/05 (410)573-1000

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

Date

Daytime Phone #