


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 24, 2007 8:00 am
Secretary of State

07-24-2007 90011 035 ****50.00

DOCUMENT # M06000007128 1. Entity Name NORTHSTAR GRACELAND, LLC	
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Principal Place of Business 12 GREENWAY PLAZA SUITE 1070 HOUSTON, TX 77046	Mailing Address 12 GREENWAY PLAZA SUITE 1070 HOUSTON, TX 77046
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6005000



2. Principal Place of Business - No P.O. Box # <i>1900 St. James Place</i> Suite, Apt. #, etc. <i>Suite 200</i> City & State <i>Houston, TX</i> Zip <i>77056</i> Country <i>USA</i>	3. Mailing Address <i>1900 St. James Place</i> Suite, Apt. #, etc. <i>Suite 200</i> City & State <i>Houston, TX</i> Zip <i>77056</i> Country <i>USA</i>
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07112007	Chg-LLC	CR2E083 (12/06)
4. FEI Number <i>20-8071989</i>	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

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	Delete
	MGRM NORTHSTAR CEMETARY SERVICES OF FLORIDA LLC 12 GREENWAY PLAZA SUITE 1070 HOUSTON, TX 77046	<input checked="" type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	Change	Addition
	<i>Pres</i> W. Mark Hamilton 1900 St. James Pl, Suite 200 Houston, TX 77056	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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: *William Hamilton* 7/17/07 (713) 979-9690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #