# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 23, 2009**
**Secretary of State**

DOCUMENT# M07000007222

**Entity Name:** STONEMOR GP LLC

**Current Principal Place of Business:**

311 VETERANS HIGHWAY
SUITE B
LEVITTOWN, PA 19056

**New Principal Place of Business:**

**Current Mailing Address:**

311 VETERANS HIGHWAY
SUITE B
LEVITTOWN, PA 19056

**New Mailing Address:**

**FEI Number: 80-0103152** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**MANAGING MEMBERS/MANAGERS:**

| | | |
|---|---|---|
| Title: | MGR | ( ) Delete |
| Name: | MILLER, LAWRENCE | |
| Address: | 311 VETERANS HIGHWAY, SUITE B | |
| City-St-Zip: | LEVITTOWN, PA 19056 | |
| Title: | MGR | ( ) Delete |
| Name: | SHANE, WILLIAM R | |
| Address: | 311 VETERANS HIGHWAY | |
| City-St-Zip: | LEVITTOWN, PA 19056 | |
| Title: | MGR | ( ) Delete |
| Name: | HELLMAN, ROBERT B JR. | |
| Address: | 311 VETERANS HIGHWAY, SUITE B | |
| City-St-Zip: | LEVITTOWN, PA 19056 | |
| Title: | MGR | ( ) Delete |
| Name: | LAUTMAN, MARTIN L | |
| Address: | 311 VETERANS HIGHWAY, SUITE B | |
| City-St-Zip: | LEVITTOWN, PA 19056 | |
| Title: | MGR | ( ) Delete |
| Name: | TALBOTT, FENTON R | |
| Address: | 311 VETERANS HIGHWAY, SUITE B | |
| City-St-Zip: | LEVITTOWN, PA 19056 | |
| Title: | MGR | ( ) Delete |
| Name: | FREEDMAN, ALLEN R | |
| Address: | 311 VETERANS HIGHWAY, SUITE B | |
| City-St-Zip: | LEVITTOWN, PA 19056 | |

**ADDITIONS/CHANGES:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LAWRENCE MILLER PRES 03/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date