

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000007222

FILED  
May 04, 2011  
Secretary of State

**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  
Name: MILLER, LAWRENCE  
Address: 311 VETERANS HIGHWAY, SUITE B  
City-St-Zip: LEVITTOWN, PA 19056

Title: MGR  
Name: SHANE, WILLIAM R  
Address: 311 VETERANS HIGHWAY  
City-St-Zip: LEVITTOWN, PA 19056

Title: MGR  
Name: HELLMAN, ROBERT B JR.  
Address: 311 VETERANS HIGHWAY, SUITE B  
City-St-Zip: LEVITTOWN, PA 19056

Title: MGR  
Name: LAUTMAN, MARTIN L  
Address: 311 VETERANS HIGHWAY, SUITE B  
City-St-Zip: LEVITTOWN, PA 19056

Title: MGR  
Name: TALBOTT, FENTON R  
Address: 311 VETERANS HIGHWAY, SUITE B  
City-St-Zip: LEVITTOWN, PA 19056

Title: MGR  
Name: FREEDMAN, ALLEN R  
Address: 311 VETERANS HIGHWAY, SUITE B  
City-St-Zip: LEVITTOWN, PA 19056

I hereby 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: WILLIAM R. SHANE

MGR

05/04/2011

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