2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State
03-01-2006 90224 023 ****55.00

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1. Entity Name
RAYO MASONRY, L.L.C.

Principal Place of Business	Mailing Address
136 BROWARD AVE. APT#3 GREENACRES, FL 33463	136 BROWARD AVE. APT#3 GREENACRES, FL 33463

02212006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
4835 SE HORIZON AVENUE	4835 SE HORIZON AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: STUART, FLORIDA	City & State: STUART. FLORIDA
Zip: 34997 Country: USA	Zip: 34997 Country: USA

4. FEI Number: 01-0802994 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CATALAN, FABINA
136 BROWARD AVE. APT#3
GREENACRES, FL 33463

7. Name and Address of New Registered Agent

Name: FABIAN CATALAN
Street Address (P.O. Box Number is Not Acceptable): 4835 SE HORIZON AVENUE
City: STUART FL Zip Code: 34997

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: Fabian Catalan FABIAN CATALAN 2-21-06
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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CATALAN, FABIAN	NAME	
STREET ADDRESS	136 BROWARD AVE. APT#3	STREET ADDRESS	
CITY-ST-ZIP	GREENACRES, FL 33463	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Fabian Catalan FABIAN CATALAN 02/21/2006 (561) 628-1065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #