


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000087515
 1. Entity Name
 LAY-RITE MASONRY LLC



Principal Place of Business Mailing Address
 2600 FORMOSA AVENUE 2600 FORMOSA AVENUE
 ORLANDO, FL 32814 ORLANDO, FL 32814

DO NOT WRITE IN THIS SPACE



04252006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-2892151	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ILIFFE, ANDREW J
 2600 FORMOSA AVENUE
 ORLANDO, FL 32814

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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 _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$50.00 Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ILIFFE, ANDREW J 2600 FORMOSA AVENUE ORLANDO, FL 32814
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ILIFFE, EDWARD J 453 QUAIL HILL DR. DEBARY, FL 32713
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 05/09/06-80092-014 50.00

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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: *Andrew J. Iliffe* 4/25/06 321-229-2813

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