2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# L08000095457

Entity Name: C & J ALL PURPOSE MASONARY LLC

Current Principal Place of Business:

4115 ALBACORE STREET, UNIT 2
PANAMA CITY BEACH, FL 32408 US

New Principal Place of Business:

Current Mailing Address:

4115 ALBACORE STREET, UNIT 2
PANAMA CITY BEACH, FL 32408 US

New Mailing Address:

FEI Number: 26-3511855 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ECKMAN, CHRIS A JR
7209 ADDISON ROAD
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

ECKMAN, CHRIS A JR
4115 ALBACORE STREET, UNIT 2
PANAMA CITY BEACH, FL 32408 US

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: CHRIS A ECKMAN 02/16/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ECKMAN, CHRIS A JR
Address: 7209 ADDISON ROAD
City-St-Zip: PANAMA CITY, FL 32405 US

Title: MGRM ( ) Delete
Name: BELL, JEREMY L
Address: 4115 ALBACORE STREET, UNIT 2
City-St-Zip: PANAMA CITY BEACH, FL 32408 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ECKMAN, CHRIS A JR
Address: 4115 ALBACORE STREET, UNIT 2
City-St-Zip: PANAMA CITY BEACH, FL 32405 US

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: CHRIS A ECKMAN MGRM 02/16/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date