

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000003353

1. Entity Name
SPARTAN MASONRY, LLC



Principal Place of Business
**500 W CYPRESS CREEK RD.
STE 770
FORT LAUDERDALE, FL 33309**

Mailing Address
**12 S. SUMMIT AVE
STE 220
GAITHERSBURG, MD 20877**

DO NOT WRITE IN THIS SPACE



06282005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
30-0088772

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEVINSON, NEIL H
BECKER & POLIAKOFF, P.A.
3111 STIRLING ROAD
FT LAUDERDALE, FL 33312-6525**

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IN THIS SPACE**

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

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 September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SANCHEZ, RICARDO
12 S SUMMIT AVE. STE 220
GAITHERSBURG, MD 20877**

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07/05/05-80032-001 55.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

6-28-05

Date

Daytime Phone #