

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # L02000012631 1. Entity Name MASON ENTERPRISES, LLC	
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Principal Place of Business 501 N. BENEVA SUITE 210 SARASOTA, FL 34232	Mailing Address PO BOX 50277 SARASOTA, FL 34232
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DO NOT WRITE IN THIS SPACE



01202006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 03-0452367	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MASON, JAMES 4951 CEDAR OAK WAY SARASOTA, FL 34233

**DO NOT WRITE
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 _____ (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	MGRM MASON, JAMES B 4951 CEDAR OAK WAY SARASOTA, FL 34233
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02/01/06-80021-012 50.00

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