


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90287 049 \*\*\*\*50.00

<b>DOCUMENT # L02000031758</b>	
1. Entity Name 2K CLASSIC MASONRY LTD. CO.	

Principal Place of Business 2243 SUNNYSIDE PLACE SARASOTA, FL 34239	Mailing Address 2243 SUNNYSIDE PLACE SARASOTA, FL 34239
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2. Principal Place of Business 3754 Amherst Way Suite, Apt. #, etc.	3. Mailing Address 3754 Amherst Way Suite, Apt. #, etc.
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City & State Sarasota, FL	City & State Sarasota, FL
Zip 34232	Zip 34232
Country USA	Country USA

03162005 Chg-LLC CR2E083 (10/03)

4. FEI Number 54-2083275	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  KEECH, LARRY B 2243 SUNNYSIDE PLACE SARASOTA, FL 34239	
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7. Name and Address of New Registered Agent Name: Steven Knoll Street Address (P.O. Box Number is Not Acceptable) 3754 Amherst Way City: Sarasota FL Zip Code: 34232	
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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.

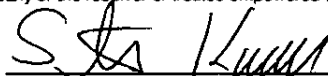
SIGNATURE: 	DATE: _____
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**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEECH, LARRY B 2243 SUNNYSIDE PLACE SARASOTA, FL 34239 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KNOLL, STEVEN 3754 AMHERST WAY SARASOTA, FL 34232 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	Date: _____	Daytime Phone #: _____
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE