2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L02000031758

2K CLASSIC MASONRY LTD. CO.



Jan 17, 2006 8:00 am Secretary of State 01-17-2006 90058 014 ****50.00

FILED

Principal Place of Business

Mailing Address

3754 AMHERST WAY SARASOTA, FL 34232 US

3754 AMHERST WAY SARASOTA, FL 34232

US



01102006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 54-2083275

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

KNOLL, STEVEN 3754 AMHERST WAY SARASOTA, FL 34232

DO NOT WRITE IN THIS SPACE

the obligat	named entity submits this statement for the purpose of changions of registered agent.	ging its registered office or registered agent, or both, in the St	tate of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Fi D	iling Foo Is \$50.00 ue by May 1, 2006		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGR KNOLL, STEVEN 3754 AMHERST WAY SARASOTA, FL 34232		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NO	T WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	IN THIS	IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			

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