

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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L03000044392

2007 MAY 24 P 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L03000044392**

1. Entity Name  
**TOM'S MASONRY LLC**



Principal Place of Business  
**42051 DOGWOOD AVE  
DELAND, FL 32720**

Mailing Address  
**42051 DOGWOOD AVE  
DELAND, FL 32720**

2. Principal Place of Business  
**1971 TANBLEWOOD DR**

3. Mailing Address  
**1971 TANBLEWOOD DR**

Suite, Apt. #, etc.

City & State  
**ORANGE CITY FL**

City & State  
**ORANGE CITY FL**

Zip  
**32763**

Country

Zip  
**32763**

Country



03132006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**42-1609979**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BURNS, THOMAS  
42051 DOGWOOD AVE  
DELAND, FL 32720**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 reappointing) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2006.**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BURNS, THOMAS 42051 DOGWOOD AVE DELAND, FL 32720</b> <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	<b>MGR DIVL, ROBERT E 1572 N SILVERSTONE COURT ORANGE CITY, FL 32763</b> <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	<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 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:** Thomas Burns **4/30/07** (386) 804-2097

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