2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000044578 HILLHOUSE BUILDING & MASONRY LLC



Principal Place of Business

Mailing Address

10956 108TH TERRACE LIVE OAK, FL 32060 US 10956 108TH TERRACE LIVE OAK, FL 32060 US

FILED Apr 13, 2007 08:00 AM Secretary of State



03202007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 00-0168256 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HILLHOUSE, CLIFFORD H 10956 108TH TERRACE LIVE OAK, FL 32060

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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	Signature, typed or prinled name of registered agent and title if applicable	(NOTE Registered Agent aignature required when reinstating) DATE
Filing Fee is \$50.00 Due by May 1, 2007		U00000706406 04/24/07-80034-006 50.00
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	MGR HILLHOUSE, CLIFFORD H 10956 108TH TERRACE LIVE OAK, FL 32060	
NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information

I hereby certify that the information supplied with this filing does not quality 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 OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-386-208-5660

Daytime Phone #