


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000045423 1. Entity Name MASTER MASONS, LLC	
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Principal Place of Business 476 SHERWOOD RD. DEFUNIAK SPRINGS, FL 32435	Mailing Address 476 SHERWOOD RD. DEFUNIAK SPRINGS, FL 32435
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01132005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0589098	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BRACKINS, DONALD L III
 476 SHERWOOD RD.
 DEFUNIAK SPRINGS, FL 32435

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

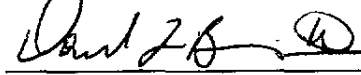
**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BRACKINS, DONALD L JR 544 SHERWOOD RD. DEFUNIAK SPRINGS, FL 32435
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BRACKINS, DONALD III 476 SHERWOOD RD DEFUNIAK SPRINGS, FL 32435
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04/27/05-80151-010 50.00

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: 4-24-05 DAYTIME PHONE #: 850-885-8339

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