


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 07, 2006 08:00 AM
Secretary of State

DOCUMENT# L03000046399 1. Entity Name JOHN BRAY MASONRY LLC	
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Principal Place of Business 5269 SPRINGDALE DR MILTON, FL 32570	Mailing Address 5269 SPRINGDALE DR MILTON, FL 32570
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DO NOT WRITE IN THIS SPACE



09012006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-2159897	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

**BRAY, JOHN
5269 SPRINGDALE DR
MILTON, FL 32570**

**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 *John Bray* DATE 9-01-06

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 September 6, 2006**

**U00000576387
09/07/06-80003-011 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRAY, JOHN 5269 SPRINGDALE DR MILTON, FL 32570
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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: *John Bray* DATE 9-01-06 DAYTIME PHONE # 850-393-9998

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