2005 LIMITED LIABILITY COMPANY

Apr 22, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # L03000046733 1. Entity Name TYRELL IAN MASONRY & DECO FENCE, LLC Mailing Address Principal Place of Business 3856 CHARLES TERRACE 3855 CHARLES TERRACE MJAMJ, FL 33133 MIAMI, FL 33133 04192005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 73-1686230 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE CORPORATE SOLUTIONS GROUP, INC 3672 GRAND AVE **SUITE 101** IN THIS SPACE COCONUT GROVE, FL 33133 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 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 MANAGING MEMBERS/MANAGERS 9. — UQQQQQ324332 Q4/22/05-80091-006 55.00 MGRM TITLE TYRELL, IAN NAME STREET ADDRESS 3855 CHARLES TERRACE COCONUT GROVE, FL 33133 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(7), 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY -ST-ZIP

> NTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE SIGNATURE

FILED