2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Feb 24, 2006 8:00 am **DOCUMENT # L03000047807 Secretary of State** BRUCE'S MASONARY LLC 02-24-2006 90342 001 ****25.00 02-24-2006 90342 002 ****50.00 Principal Place of Business Mailing Address 7865 S. LEEWYNN TERRACE 7865 S. LEEWYNN TERRACE SARASOTA, FL 34240 US SARASOTA, FL 34240 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01292006 Chg-LLC CR2E083 (11/05) City & State 4. FEI Number Applied For City & State 26-6611910 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHELLE K. OTTO P.A. CPA 2010 PINE TERRACE Street Address (P.O. Box Number is Not Acceptable) SARASOTA, FL 34231 2 City Zip Code FL 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, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Change ☐ Addition TITLE ☐ Delete TITEF BRADEN, BRUCE B JR. NAME NAME 7865 S LEEWYNN TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34240 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete MLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete MLF ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

AME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

ATTACHMENT 3000/063 #L03000047807

Division of Corporations		
SUBJECT: Bruce's Mason / LLC (Name of Limited Liability Company)		
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Bruce B. Braden JR (Name of Person)		
Bruce's Masonry, LLC : 6		
7865 S Leewynn Ter		
Sgrasota FL 34240 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Bruce Braden at (941) 302-3998 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ATTACHMENT 300010103 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_	Druces Masonary LLC
	(A Florida Limited Liability Company)
FIRST:	The Articles of Organization were filed on 21806 and assigned document number 403000047.807
SECOND:	This amendment is submitted to amend the following:
	Q LLC Mame is missed Spell
	DLLC Mame is missed Spoll Should read Bruce's Masonry, LLC
(2) update the EIN# for Company
	<u>6:54-2134442</u>
	<u> </u>
Dated	2/18/2006.
	Bru BBrade
	Signature of a member or authorized representative of a member
	Bruce B. BradenTR Typed or printed name of signee
	I vned or printed name of signee

Filing Fee: \$25.00