

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90030 033 ****50.00

DOCUMENT # L03000047835

1. Entity Name
C.L. COLLINS MASONRY, LLC



Principal Place of Business
**129 SOUTH SHORE DRIVE
 EAGLE LAKE, FL 33839 US**

Mailing Address
**129 SOUTH SHORE DRIVE
 EAGLE LAKE, FL 33839 US**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
P O BOX 275
 Suite, Apt. #, etc.

City & State
EAGLE LAKE FL

4. FEI Number
20-0427518

Applied For
 Not Applicable

Zip
33839

Country
USA

5. Certificate of Status Desired **\$5.00** Additional Fee Required



02082004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent

**COLLINS, C.L.
 129 SOUTH SHORE DRIVE
 EAGLE LAKE, FL 33839**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLLINS, C.L. P.O. BOX 275 EAGLE LAKE, FL 33839	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: C.L. Collins CL COLLINS **4-12-04 863-293-7106**

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