


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L03000048825 1. Entity Name MASON MASONRY, LLC |  |
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|---|---|
| Principal Place of Business 4029 TYNDALE DR JACKSONVILLE, FL 32210 US | Mailing Address 4029 TYNDALE DR JACKSONVILLE, FL 32210 US |
|---|---|

DO NOT WRITE IN THIS SPACE



04042005No Chg-LLC

CR2E083 (10/03)

| | |
|--|--|
| 4. FEI Number 59-1954011 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

**GREEN, AVA
4029 TYNDALE DR
JACKSONVILLE, FL 32210**

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

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

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM GREEN, MASON S 4029 TYNDALE DR JACKSONVILLE, FL 32210 |
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UB00000300460
04/12/05-80021-010 55.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Mason S. Green* MASON S. GREEN 4/7/05 (904) 772-7065

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