## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mailing Address

3563 GARDENVIEW ROAD PACE, FL 32571 US

DOCUMENT # L03000055065

Principal Place of Business

3563 GARDENVIEW ROAD PACE, FL 32571 US

1. Entity Name JOHN BURRIS MASONRY CONSTRUCTION, LLC

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90068 027 \*\*\*\*55.00

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Builts: Apil. R. Hot:         Suite: Apil. R. Hot:         03102004         Chp-LLC         CP2E083 (19/03)           Day & State         Chy & State         A Spilled For         Non-OSE22 (20 P)         Applied For           Zp         Country         Zp         Country         Zp         Score (16/03)           2p         Country         Zp         Country         Score (16/03)         Score (16/03)           2p         Country         Zp         Country         Score (16/03)         Score (16/03)           2p         Country         Zp         Country         Score (16/03)         Score (16/03)           3p         Restate (16/03)         Score (16/03)         Score (16/03)         Score (16/03)           2p         Country         Zp         Country         Score (16/03)         Score (16/03)	2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Zip         Country         Zip         Country         Schedular	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		03102004	Chg-LLC	CR2E	)83 (10/03)		
Zp         Country         Zp         Country         S. Centificate of Status Desired         Centificate of Status Desired           6. Name and Address of Current Registrand Agent         7. Name and Address of Name Registrand Agent         7. Name and Address of Name Registrand Agent           CORPORATION SERVICE COMPANY 1201 HAYS STREET         Street Address of Name Registrand Agent         7. Name and Address of Name Registrand Agent           Core of the obligation of the street of the obligation of the street of the obligation of registreed agent.         Street Address (P.O. Box Number Is Not Acceptable)           ALLAHASSEE, FL 32301         Core         Street Address (P.O. Box Number Is Not Acceptable)           StoMATURE         Table of registreed agent.         Core           StoMATURE         Street Address (P.O. Box Number Is Not Acceptable)         Core           StoMATURE         Tables of Status of Registreed agent.         Core           Burners, Stored Status of Registreed agent.         For Registreed agent.         Core           Status of Registreed agent.         Registreed agent.         Core           Status of Registreed agent.         For	City & State		City & State	City & State		4. FEI Numbe	502909			<u> </u>	
S. Herne and Address of Current Registered Agent     T. Hans and Address of New Registered Agent     ORPORATION SERVICE COMPANY     STREET     TALLAHASSEE, FL 32301     Street Address (PO, Box Number is Not Acceptable)     City	Zip	Country	Zip	Country	<u>.                                    </u>	r		DY	\$5.00 Adk	ditional	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301     None       Street Address (P.O. Box Number is Not Acceptable)     Street Address (P.O. Box Number is Not Acceptable)       6. The short named calls submits this statement for the purpose of changing its registered agent, or both, in the State of Pordia. Tam familiar with, and accept the obligators of registered agent.     Data       SIGMATURE     Emergistered agent, submits this statement for the purpose of changing its registered agent, or both, in the State of Pordia. Tam familiar with, and accept the obligators of registered agent.     Dots       SIGMATURE     Emergistered agent ad the submits in the statement for the purpose of changing its registered agent ad tag endance the obligators of registered agent.     Dots       SIGMATURE     Marke chack system     Dots       Filling Face is \$50.00 Dive by Blay 1, 2004     Marke chack system       BURRIS, JOHN W JR     Detex     This wate       BURRIS, JOHN W JR     Detex     This wate       SIGMATURE     MARKE Chack Signature     Charge   Addition wate       SIGMATURE     MARKE Chack Signature     Charge   Addition wate       SIGMATURE     MARKE Charge Signature     Charge   Addition wate       SIGMATURE     MARK Charge Signature     Charge   Addition wate       SIGMATURE     MARKE Charge Signature     Charge   Addition wate       SIGMATURE     MARKE Charge Signature     Charge   Addition wate       SIGMATURE     S		6. Name and Address of Curre	t Registered Agent	<u>r</u>		7 Name and	Address of New E	anisterad		<u> </u>	
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TALLAHASSEE, FL 32301       City       Zip Code         City       City       Zip Code         8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Porda. If an itamilier with, and accept in the of collarity of registered agent.       Dott.       Dott.         SIGNATURE       Section, total or prediction agents.       POTE inclustered agent, or both, in the State of Porda. If an itamilier with, and accept in the face of th	CORPORA	ATION SERVICE COMPANY									
Chy       Chy       Zip Code <ul> <li></li></ul>	1201 HAYS STREET			Stre	Street Address (P.O. Box Number is Not Acceptable)						
	TALLAHASSEE, FL 32301										
The obligations of registered agent.  SIGNATURE SIGNATURE Signature speed action of registered agent				City		Sip Code					
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NAME     NAME       STREET ADDRESS     Iff       CITY - ST - ZIP     CITY - ST - ZIP       TITLE     Delete       TITLE     IDelete       NAME     STREET ADDRESS       CITY - ST - ZIP     IDelete       TITLE     IDelete       NAME     STREET ADDRESS       CITY - ST - ZIP     IDelete       TITLE     STREET ADDRESS       CITY - ST - ZIP     CITY - ST - ZIP       I1. 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:     MAME:       Matheway:     4/23/04	·	<u> </u>				···			<b>6</b>		
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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:	CITY-ST-ZIP			CITY-ST-ZIP							
limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	11. I hereby	certify that the information supplied w	with this filing does not qualify for	the exemption	stated in S	ection 119.07(3)(	i), Florida Statutes.	I further ce	rtify that the i	nformation	
SIGNATURE: Ach W. In for 4/23/04 (850)994-8397	limited lia	ability company or the receiver or true	no that my signature shall have the stee empowered to execute this re	ie same legal eport as requi	enect as if i red by Chap	nace under osth oter 608, Florida S	; mar i am a mana Statutes,	ying memo	er or manage	SI DI (INB)	
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	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Device Prove #										