

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90059 006 ****55.00

DOCUMENT # L03000055116 1. Entity Name JOHN M. WILLIAMS MASONRY, LLC	
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Principal Place of Business 685 OLD EASTLAKE ROAD TARPON SPRINGS FL 34688	Mailing Address 685 OLD EASTLAKE ROAD TARPON SPRINGS FL 34688
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2. Principal Place of Business 685 Old East Lake Road Suite, Apt. #, etc.	3. Mailing Address 685 Old East Lake Road Suite, Apt. #, etc.
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City & State Tarpon Springs FL	City & State Tarpon Springs
Zip 34688 8405	Zip 34688-8405
Country U.S.A.	Country U.S.A.



1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent WILLIAM, JOHN N 685 OLD EASTLAKE ROAD TARPON SPRINGS FL 34688	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, JOHN M 685 OLD EASTLAKE ROAD TARPON SPRINGS FL 34688 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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: John M. Williams John M. Williams 1-20-05 423-0360 (727)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #