


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90277 022 ****50.00

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|---|---|---------------------------------|---|---|--|
| DOCUMENT # L03000057189 | | | |  | |
| 1. Entity Name ROBINSON MASONRY L.L.C. | | | | | |
| Principal Place of Business 706 GRANT STREET CLEARWATER FL 33755 | | | Mailing Address 706 GRANT STREET CLEARWATER FL 33755 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FFL Number 59-1947754 | |
| Zip | | Country | | 5. Certificate of Status Desired FL \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CHRISTIAN, WILLIE 619 SALLY LN., APT #2 CLEARWATER FL 33756 | | | 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: _____ | | | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ROBINSON, HENRY L 706 GRANT ST CLEARWATER FL 33756 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <i>Henry L. Robinson</i> | | | 2/26/04 (127) 515-7452 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date Daytime Phone # | | |