

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000004221

Entity Name: WHITE MASONRY, LLC

FILED
Mar 14, 2005
Secretary of State

Current Principal Place of Business:

191 MANGLEBEE DR.
PONCE DE LEON, FL 32455

New Principal Place of Business:

Current Mailing Address:

191 MANGLEBEE DR.
PONCE DE LEON, FL 32455

New Mailing Address:

FEI Number: 59-3777071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, EDWARD M
191 MANGLEBEE DR.
PONCE DE LEON, FL 32455 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: WHITE, EDWARD M
Address: 191 MANGLEBEE DR.
City-St-Zip: PONCE DE LEON, FL 32455

Title: MGRM (X) Delete
Name: MEEKS, DANIEL E
Address: 5648 CO HWY 181
City-St-Zip: PONCE DE LEON, FL 32455

Title: MGRM () Delete
Name: BLAKER, JOSE N
Address: 116 BEACH ST.
City-St-Zip: FREEPORT, FL 32439

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WHITE, EDWARD M
Address: 191 MANGLEBEE DR.
City-St-Zip: PONCE DE LEON, FL 32455 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: BLAKER, JOSE N
Address: 116 BEACH ST.
City-St-Zip: FREEPORT, FL 32439 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: EDWARD M WHITE

MGR

03/14/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date