

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000004221

Entity Name: WHITE MASONRY, LLC

FILED  
Mar 26, 2007  
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/MANAGERS:**

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

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

Title: MGRM ( ) Delete  
Name: AYERS, MICHAEL W JR.  
Address: 191 MANGLEBEE DR.  
City-St-Zip: PONCE DE LEON, FL 32455

**ADDITIONS/CHANGES:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

03/26/2007

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