



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 08, 2006 8:00 am**  
**Secretary of State**

06-08-2006 90171 017 \*\*\*\*50.00

<b>DOCUMENT # L04000007327</b> 1. Entity Name WHITEHEAD CUSTOM MASONRY, LLC					
Principal Place of Business ROUTE 6 BOX 414-N LAKE CITY, FL 32025 US			Mailing Address ROUTE 6 BOX 414-N LAKE CITY, FL 32025 US		
2. Principal Place of Business		3. Mailing Address 576 NW Nickle Glen Wellborn FL			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05182006 Chg-LLC CR2E083 (11/05)	
City & State		City & State		4. FEI Number 20-0653362	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
32094		Suwannee		Applied For Not Applicable	
6. Name and Address of Current Registered Agent WHITEHEAD, VERENDA ROUTE 6 BOX 414-N LAKE CITY, FL 32025				7. Name and Address of New Registered Agent Name: Verenda L. Whitehead Street Address (P.O. Box Number is Not Acceptable): 576 N.W. Nickle Glen Wellborn FL 32094 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: Verenda L Whitehead DATE: 6/2/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITEHEAD, GARRY ROUTE 6 BOX 414-N LAKE CITY, FL 32025	<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	MGRM WHITEHEAD, VERENDA ROUTE 6 BOX 414-N LAKE CITY, FL 32025	<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
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
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
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 exemptions contained in Chapter 119, 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: Verenda L Whitehead				6/2/06 (386)-755-7498	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	