2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000007327

1. Entity Name
WHITEHEAD CUSTOM MASONRY, LLC

Principal Place of Business	Mailing Address
ROUTE 6 BOX 414-N LAKE CITY, FL 32025 US	576 NW NICKEGLEN WELLBORN, FL 32094 US

DO NOT WRITE IN THIS SPACE

05012007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-0653362	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WHITEHEAD, VERENDA L
576 NW NICKLE GLEN
WELLBORN, FL 32094

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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: *Verenda L. Whitehead*   4/30/07

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WHITEHEAD, GARRY
STREET ADDRESS	ROUTE 6 BOX 414-N
CITY-ST-ZIP	LAKE CITY, FL 32025

TITLE	MGRM
NAME	WHITEHEAD, VERENDA
STREET ADDRESS	ROUTE 6 BOX 414-N
CITY-ST-ZIP	LAKE CITY, FL 32025

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05/24/07-80059-007 50.00

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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*   4/30/07   (386) 755-7498

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #