
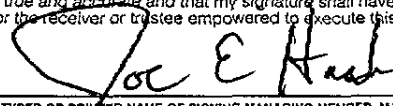


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2005 08:00 AM
Secretary of State

DOCUMENT # L04000008321							
1. Entity Name HUCK MASONRY, L.L.C.							
Principal Place of Business 5324 CRYSTAL CREEK DRIVE PACE, FL 32571			Mailing Address 5324 CRYSTAL CREEK DRIVE PACE, FL 32571				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-1611312 <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
HUCK, JOE E 5324 CRYSTAL CREEK DRIVE PACE, FL 32571			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 _____							
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HUCK, JOE E		NAME	U00000366306 05/12/05-80007-006 50.00			
STREET ADDRESS	5324 CRYSTAL CREEK DRIVE		STREET ADDRESS				
CITY-ST-ZIP	PACE, FL 32571		CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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CITY-ST-ZIP			CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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: 			Date _____				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE							