

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000021358

FILED
May 02, 2005
Secretary of State

Entity Name: LONNIE MOUDY MASONARY LLC

Current Principal Place of Business:

7310 THOMAS JEFFERSON CIR. E
BARTOW, FL 33840

New Principal Place of Business:

Current Mailing Address:

7310 THOMAS JEFFERSON CIR. E
BARTOW, FL 33840

New Mailing Address:

FEI Number: 51-9861628 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MOUDY, LONNIE U
7310 THOMAS JEFFERSON CIR. E
BARTOW, FL 33840 US

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: MOUDY, LONNIE U
Address: 7310 THOMAS JEFFERSON CIR. E
City-St-Zip: BARTOW, FL 33840

Title: MGRM () Delete
Name: DOUGLAS, GARRY SR
Address: 5467 PIPES RD.
City-St-Zip: BARTOW, FL 33830

Title: MGRM () Delete
Name: TAWES, LEROY
Address: 5466 PIPES RD.
City-St-Zip: BARTOW, FL 33830

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 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: LONNIE MOUDY

MGR

05/02/2005

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