2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 03, 2007
Secretary of State

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Entity Name: ISLAND MASONRY LLC

Current Principal Place of Business:

215 SOUTH MATANZAS BLVD.
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

215 SOUTH MATANZAS BLVD.
ST. AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 76-0755338 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FREEMAN, LEANNA S.A. ESQ.
236 SAN MARCO AVE.
ST. AUGUSTINE, FL 32084 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:	HERNANDEZ, RICHARD M	
Address:	215 SOUTH MATANZAS BLVD.	
City-St-Zip:	ST. AUGUSTINE, FL 32080	
Title:	MGRM	( ) Delete
Name:	HERNANDEZ, MICHAEL N	
Address:	305 ANDREAS ST.	
City-St-Zip:	ST. AUGUSTINE, FL 32080	
Title:	MGRM	( ) Delete
Name:	HERNANDEZ, MATTHEW D	
Address:	215 SOUTH MATANZAS BLVD.	
City-St-Zip:	ST. AUGUSTINE, FL 32080	

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: RICHARD M HERNANDEZ MGR 01/03/2007

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