

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000025827

FILED
Jan 09, 2006
Secretary of State

Entity Name: ROBERT M. BLOOD MASONRY LLC

Current Principal Place of Business:

4265 1ST AVE NW
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

4265 1ST AVE NW
NAPLES, FL 34119

New Mailing Address:

FEI Number: 03-0368930

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLOOD, ROBERT M
14508 JEKYLL ISLAND COURT
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

BLOOD, ROBERT M
4265 1ST AVE NW
NAPLES, FL 34119 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: JAN GODDETTEBLOOD

01/09/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BLOOD, ROBERT M
Address: 14508 JEKYLL ISLAND COURT
City-St-Zip: NAPLES, FL 34119

Title: S () Delete
Name: BLOOD, JAN G
Address: 4265 1ST AVE NW
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BLOOD, ROBERT M
Address: 4265 1ST AVE NW
City-St-Zip: NAPLES, FL 34119

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: JAN GODDETTEBLOOD

S

01/09/2006

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