

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90074 019 ****50.00



DOCUMENT # L04000025964

1. Entity Name

DANIEL HOLLOWAY MASONRY, LLC

Principal Place of Business

3601 AMBER LANE
 LAKELAND FL 33813

Mailing Address

PO BOX 1362
 HIGHLAND CITY FL 33846



2. Principal Place of Business

Daniel E Holloway
 Suite, Apt. #, etc.
246 Lake McLeod Dr.

3. Mailing Address

Daniel E Holloway
 Suite, Apt. #, etc.
246 Lake McLeod Dr.

1st MOORE CR2E083 (10/05)

City & State

Eagle Lake FL
 Zip *33839* County *Polk*

City & State

Eagle Lake FL
 Zip *33839* County *Polk*

4. FEI Number

57-1202782

Applied For
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLLOWAY, DANIEL E
 3601 AMBER LANE
 LAKELAND FL 33813

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
 Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** Delete
 NAME HOLLOWAY, DANIEL E
 STREET ADDRESS 3601 AMBER LANE
 CITY-ST-ZIP LAKELAND FL 33813

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE **MGRM** Change Addition
 NAME *Daniel E Holloway*
 STREET ADDRESS *246 Lake McLeod Dr*
 CITY-ST-ZIP *Eagle Lake, FL 33839*

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Daniel E Holloway*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/27/06

Date

Daytime Phone #

863-398-2819