


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 08, 2005 8:00 am**  
**Secretary of State**

08-08-2005 90149 029 \*\*\*\*50.00

**DOCUMENT # L04000026912**

1. Entity Name  
**M B MASONRY & TILE LLC**



Principal Place of Business  
**177 BRAMLETT ROAD  
 MONTICELLO, FL 32344**

Mailing Address  
**177 BRAMLETT ROAD  
 MONTICELLO, FL 32344**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

07042005 Chg-LLC CR2E083 (10/03)

4. FEI Number  Applied For  Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**BRAMLETT, MICHAËL  
 177 BRAMLETT ROAD  
 MONTICELLO, FL 32344**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by September 7, 2005**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BRAMLETT, MICHAEL 177 BRAMLETT ROAD MONTICELLO, FL 32344</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Michael Bramlett*

*7-5-05 850 997-4957*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #