
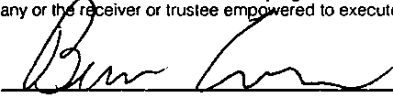


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90137 009 \*\*\*\*50.00

<b>DOCUMENT # L04000034614</b> 1. Entity Name <b>BRIAN EARLY'S MASONRY LLC.</b>			
Principal Place of Business <b>5917 NORTH MEADOW LANE CRESTVIEW, FL 32539</b>		Mailing Address <b>5917 NORTH MEADOW LANE CRESTVIEW, FL 32539</b>	
2. Principal Place of Business <b>180 Grandview Ave.</b>		3. Mailing Address <b>180 Grandview Ave.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Valparaiso, FL</b>		City & State <b>Valparaiso, FL</b>	
Zip <b>32580</b>		Zip <b>32580</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PETERSON, JOHN D 912 SOUTH PALM BLVD SUITE E NICEVILLE, FL 32578</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS / MANAGERS</b>		<b>10. ADDITIONS / CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EARLY, BRIAN C 5917 NORTH MEADOW LANE CRESTVIEW, FL 32539	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	180 Grandview Ave Valparaiso, FL 32580	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.			
<b>SIGNATURE:</b> 		Date <b>1/17/06</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	