# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 17, 2007**
**Secretary of State**

DOCUMENT# L04000044353

**Entity Name:** JASON BROWN MASONRY LC

**Current Principal Place of Business:**

3595 NW BAKER ROAD
ALTHA, FL 32421 US

**New Principal Place of Business:**

3703 NW TWIN PONDS ROAD
MARIANNA, FL 32448 US

**Current Mailing Address:**

3595 NW BAKER ROAD
ALTHA, FL 32421 US

**New Mailing Address:**

3703 NW TWIN PONDS ROAD
MARIANNA, FL 32448 US

**FEI Number: 20-1232596** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROWN, JASON R OWNER
3595 NW BAKER ROAD
ALTHA, FL 32421 US

**Name and Address of New Registered Agent:**

BROWN, JASON R OWNER
3703 NW TWIN PONDS ROAD
MARIANNA, FL 32448 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: 01/17/2007

Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: BROWN, JASON R OWNER
Address: 3595 NW BAKER ROAD
City-St-Zip: ALTHA, FL 32421

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: BROWN, JASON R OWNER
Address: 3703 NW TWIN PONDS ROAD
City-St-Zip: MARIANNA, FL 32448

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: JASON BROWN OWNE 01/17/2007

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