2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 01, 2006 08:00 AM Secretary of State DOCUMENT # L04000044905 1. Entity Name DAVID BELL MASONRY, LLC Principal Place of Business Mailing Address 227 RIVER OAKS COURT 227 RIVER OAKS COURT QUINCY, FL 32352 QUINCY, FL 32352 04282008 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 34-1999729 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BELL, DAVID OP NOT WRITE 227 RIVER OAKS COURT **QUINCY, FL 32352** IN THIS SPACE 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. 1 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 Filing Fee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS MGRM TITLE BELL, DAVID C JR. NAME STREET ADDRESS 227 RIVER OAKS COURT CITY-SI-70 QUINCY, FL 32352 000000549452 05/13/06-80022-001 50.00 MGRM TITLE BELL, JESSICA L MAME STREET ADDRESS 227 RIVER OAKS COURT GITY-ST-ZIP QUINCY, FL 32352 TITLE NAME STREET ADDRESS ··· NOI WRILE CITY-ST-ZIP BRLE N THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP 7172 E NAME

11. I hereby certify that the information supplied with this filling 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 of manager of it limited liability company or the receiver or trustee expowered to execute this report as required by Chapter 808, Florida Statutes.

SIGNATURE

STREET ADDRESS City-St-Zip TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED