2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 14, 2005 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # L0400051307 1. Entity Name FRED SMITH MASONRY LLC								90035 046 ***	
Principal Place of Business Mailing Address									
277 OAKVIEW DR. 277 OAKVIEW DR. TALLAHASSEE, FL 32305 TALLAHASSEE, FL 32305						,			
INCENTIAGGE	.L, L J230	J	TALLAHASSEL, TE SZS	103			H 49H 6:PM 88H 86M 84H		
2. Principal P	Place of Busin	ess	3. Mailing Address			-			
Suite, Apt. #, etc.			Suite, Apr. #, etc.			01052005	· 'Chg-LLC	CR2E083 (10/03)	
City & State			City & State			4.T.El:Numl	3 12 980 3		oplied For
Zip	Country		Zip Cour		try	5. Certificate of Status Desired 55.00 Additional Fee Required		ditional	
6. Name and Address of Current R						7. Name an	d Address of New Re	<u></u> '	10
SMITH, FRED					Name				
277 OAKV	IEW DR.	32305	Street Addre		Street Address (P.O. Box Num	ber is Not Acceptable)		
TALLAHASSEE, FL 32305									
					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 registioned agent and title if applicable. (NDTE: Registered Agent signature required when reinstating) DATE									
					o where sidurems and and	a when remstating)	 	DATE	
Filing Fee is \$50.00 Due by May 1, 2005					Make check payable to Florida Department of State				
9.	MANAGING MEMBERS/MANAGERS						ADDITIONS/	CHANGES	
TITLE NAME	MGRM SMITH, F	Detete	TITLE		Change			Addition	
STREET ADDRESS	277 OAK	/IEW DR.		STRE	ET ADDRESS				
CITY-S3-ZIP	TALLAHASSEE, FL 32305				- \$1 - ZIP			[] Channa	- Addition
NAME	Detecte				E			Change	Addition
STREET ADDRESS CITY-ST-2IP		•			ET ADDRESS - ST- ZIP				
TITLE	☐ Delete				:			☐ Change	Addition
NAME STREET ADDRESS				NAM STRE	E Et address				
CITY-ST-ZIP					- S1 - ZIP				
TITLE NAME	☐ Delete				E			☐ Change	☐ Addition
STREET ADDRESS, CHTY-ST-ZIP					ET ADDRESS				
TITLE			☐ Delete	TITLE	···-··		•	☐ Change	Addition
NAME STREET ADDRESS				NAM	E ET ADDRESS				
CITY-\$T-ZIP					- \$1 - ZIP				
TITLE NAME			☐ Delete	TITLE				☐ Change	Addition
STREET ADDRESS				STRE	ET ADDRESS				
CITY-ST-ZIP	certify that th	e information supplied with	this filing does not qualify for	the exe	-ST-ZIP	action 119 07/2	Vi) Florida Statutas Li	further certify that the	ntarmetica
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.									
1-8-DE 5/1 123/									
SIGNATURE: 1-8-05 566-1331 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date									