


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L04000056905 1. Entity Name STEVE GRICE MASONRY, LLC |  |
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|--|--|
| Principal Place of Business 3213 SAWMILL TRAIL AVON PARK, FL 33875 | Mailing Address 3213 SAWMILL TRAIL AVON PARK, FL 33875 |
|--|--|

DO NOT WRITE IN THIS SPACE



01122006 No Chg-LLC

CR2E083 (11/05)

| | |
|------------------------------------|--|
| 4. FEI Number 20-1477638 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent GRICE, STEVE 3213 SAWMILL TRAIL AVON PARK, FL 33875 |
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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. I am familiar with, and accept the obligations of registered agent.

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|---|--|------------|
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|---|--|------------|

**Filing Fee is \$50.00
Due by May 1, 2006**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM GRICE, STEVE 3213 SAWMILL TRAIL AVON PARK, FL 33825 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM GRICE, MARY JO 3213 SAWMILL TRAIL AVON PARK, FL 33825 |
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02/18/06-80018-022 50.00

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.

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|---|---|---------------------|--------------------------------|
| SIGNATURE: <u>Mary Jo Grice</u> MARY JO GRICE <u>2/3/06</u> <u>863-452-5109</u> | <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | <small>Date</small> | <small>Daytime Phone #</small> |
|---|---|---------------------|--------------------------------|