


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000064391	
1. Entity Name WHITEHOUSE MASONRY LLC	

FILED

05 JUL -7 AM 10: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07052005 Chg-LLC CR2E083 (10/03)

Principal Place of Business 92 CENTERLINE RD. CRAWFORDVILLE, FL 32327	Mailing Address 92 CENTERLINE RD. CRAWFORDVILLE, FL 32327
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2. Principal Place of Business John White Suite, Apt. #, etc. 94 centerline rd City & State CRAWFORDVILLE FL Zip 32327 Country U.S.A.	3. Mailing Address John White Suite, Apt. #, etc. 94 centerline rd City & State CRAWFORDVILLE FL Zip 32327 Country U.S.A.
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4. FEI Number 26-0095111	Applied For 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 WHITE, JOHN 92 CENTERLINE RD. CRAWFORDVILLE, FL 32327	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 94 Centerline Rd. City Crawfordville FL Zip Code 32327
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00  
Due by September 7, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITE, JOHN 92 CENTERLINE RD. CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	94 Centerline Rd Crawfordville, FL. 32327 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAXON, TROY 2790 COASTAL HWY. CRAWFORDVILLE, FL 32358 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700057314467 07/12/05--01008--002 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KILPARTRIC, LESTER 1630 BALKIN RD., LOT 59 TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 606, Florida Statutes.

SIGNATURE: John White 7/7/05 766-2907  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #