

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 28, 2005 8:00 am**  
**Secretary of State**

07-28-2005 90069 018 \*\*\*\*50.00

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06302005 Chg-LLC CR2E083 (10/03)

|   |   |   |   |   |  |
|---|---|---|---|---|--|
| <b>DOCUMENT # L04000070780</b><br>1. Entity Name<br><b>ALL AMERICAN MASONRY, LLC</b>  |   |   |   |   |  |
| Principal Place of Business<br><b>9211 NW 13TH PL<br/>GAINESVILLE, FL 32606</b>   |   |   | Mailing Address<br><b>9211 NW 13TH PL<br/>GAINESVILLE, FL 32606</b> |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |   |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.                       |   |  |
| City & State  |   |   | City & State  |   |  |
| Zip   |   | Country   |   | Zip   |  |
| Country   |   | Country   |   | 4. FEI Number<br><b>20-1700156</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |   |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HUSTON, ANDREW<br/>205 SW 75TH ST #3D<br/>GAINESVILLE, FL 32607</b>   |   |   |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.   |   |   |   | FL Zip Code   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>   |   |   |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by September 7, 2005</b>   |   | <b>Make check payable to<br/>Florida Department of State</b>      |   |   |  |
| <b>9. MANAGING MEMBERS / MANAGERS</b>   |   |   | <b>10. ADDITIONS / CHANGES</b>                                      |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>MGRM<br/>HUSTON, ANDREW<br/>205 SW 75TH ST. #3D<br/>GAINESVILLE, FL 32607</b>  | <input type="checkbox"/> Delete                                   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>MGRM<br/>O'CONNOR, MICHAEL S<br/>9211 NW 13TH PL<br/>GAINESVILLE, FL 32606</b> | <input type="checkbox"/> Delete                                   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   | <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 608, Florida Statutes. |   |   |   |   |  |
| <b>SIGNATURE: <u>Michael S. O'Connor</u>      7/26/05      (352) 339-2844</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>  |   |   |   |   |  |