


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000078671						<div style="font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">FILED</div> <div style="font-size: 1.2em; font-weight: bold;">05 APR 29 AM 8:47</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>											
<b>1. Entity Name</b> J & A MASONRY LLC				<b>Principal Place of Business</b> 2444 CLASSIC ALLEN LN TALLAHASSEE, FL 32311				<b>Mailing Address</b> 139 PERRY LN HAVANA, FL 32333									
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.				<b>3. Mailing Address</b> Suite, Apt. #, etc.				04292005    Chg-LLC    CR2E083 (10/03)  4. FEI Number <div style="font-size: 1.2em; font-weight: bold;">11-3731620</div> Applied For <input type="checkbox"/> Not Applicable									
<b>City &amp; State</b>				<b>City &amp; State</b>													
<b>Zip</b>		<b>Country</b>		<b>Zip</b>		<b>Country</b>											
<b>6. Name and Address of Current Registered Agent</b>  CEASAR, JERRY 139 PERRY LN. HAVANA, FL 32333				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold; font-size: 1.2em;">FL</div> Zip Code				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required									
B. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>													
DATE _____																	
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>				<b>Make check payable to Florida Department of State</b>													
<b>9. MANAGING MEMBERS/MANAGERS</b>						<b>10. ADDITIONS/CHANGES</b>											
TITLE NAME STREET ADDRESS CITY-ST-ZIP			MGRM CEASAR, JERRY 139 PERRY LN HAVANA, FL 32333			<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP			500052863105 04/29/05--01005--001    **125.00			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			MGRM HILLS, ANTHONY 2444 CLASSIC ALLEN LN TALLAHASSEE, FL 32311			<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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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.																	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>SIGNATURE:</b> <i>Anthony T. Hills</i>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div> <div style="width: 35%; text-align: right;"> <div style="font-size: 1.5em; font-weight: bold;">4-29-05</div> <small>Date</small> </div> <div style="width: 5%; text-align: right;"> <small>Daytime Phone #</small> </div> </div>																	