


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000082556		
1. Entity Name ACE MASONARY, LLC		

Principal Place of Business 911 S.W. 3RD STREET HAVANA, FL 32333	Mailing Address 911 S.W. 3RD STREET HAVANA, FL 32333
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
WILLIAMS, DAWN D 911 S.W. 3RD STREET HAVANA, FL 32333	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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	DATE
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$50.00 Due by September 14, 2007	JK	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, DAWN D 911 S.W. 3RD STREET HAVANA, FL 32333	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300106504033 07/20/07--01036--023 **50.00
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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 606, Florida Statutes.	
SIGNATURE: <i>Dawn D. Williams</i>	7/18/07 850-212-6480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	

FILED
07 JUL 18 AM 7:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07112007 Chg-LLC CR2E083 (12/06)

4. FEI Number 56-2490046	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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