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FILED :00 Al State

2007 MITED LIABILITY COMPANY ANNUAL REPORT				Apr 19, 2007 08: Secretary of S	
DOCUMENT # L04000084109 1. Entity, Name PYRAMID MASONRY LLC					recury or a
Principal Place of Business 2059 OLD BARN ROAD BAKER, FL 32531 Mailing Address 2059 OLD BARN ROAD BAKER, FL 32531 BAKER, FL 32531			02272007 No Chg-LLC CR2E083 (11/05) 4. FEI Number Applied For		
DO NOT WRITE IN THIS SPA					CE
	· · · · · · · · · · · · · · · · · · ·			77-0650791 5. Certificate of Status Desired	Not Applicable \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent JONES, KENNETH 2059 OLD BARN RD BAKER, FL 32531			DO NOT WRITE IN THIS SPACE		
the obligat	Signature typed or printed name of registered age	gra .	ered office or register	red agent, or both, in the State of Florida. I ar	m familiar with, and accept
. D	ue by May 1, 2007 MANAGING MEMI	BERS/MANAGERS			
TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM JONES, KENNETH 2059 OLD BARN ROAD BAKER, FL 32531	<u> </u>			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		•		DO NOT WRIT	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP			i	IN THIS SPAC	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1 .	" · · · · · · · · · · · · · · · · · · ·	U0000071 05/01/07-80	18091 3008-014 50.00
TITLE	I				

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.

SIGNATURE: 🚄

NAME STREET ADDRESS CITY-ST-ZIP