


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jun 29, 2006 8:00 am**  
**Secretary of State**

06-29-2006 90091 001 \*\*\*\*55.00

DOCUMENT # L05000009357			
1. Entity Name CORNERSTONE MASONRY LLC			
Principal Place of Business 2628 CRICKET LANE CRESTVIEW FL 32536 US		Mailing Address 2628 CRICKET LANE CRESTVIEW FL 32536 US	
2. Principal Place of Business Suite, Apt. #, etc. 2628 Cricket Lane City & State Crestview, FL Zip 32536 Country OKaloosa		3. Mailing Address Suite, Apt. #, etc. 2628 Cricket Lane City & State Crestview, FL Zip 32536 Country OKaloosa	
6. Name and Address of Current Registered Agent BAUGH, DONNIE L 2628 CRICKET LANE CRESTVIEW FL 32536		7. Name and Address of New Registered Agent Name Anita M. Baugh Street Address (P.O. Box Number is Not Acceptable) 2628 Cricket Lane City Crestview FL 32536 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 <u>Anita M. Hamilton</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE			
<div style="text-align: center;"> <b>FILE NOW!!! FEE IS \$50.00</b>  <b>Make Check Payable to Florida Department of State.</b>  <b>Due By May 1, 2006</b> </div>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAUGH, DONNIE L 2628 CRICKET LANE CRESTVIEW FL 32536 <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	MGRM HAMILTON, ANITA 2628 CRICKET LANE CRESTVIEW FL 32536 <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
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Anita M. Hamilton Anita M. Hamilton 6-20-06 850-826-0262  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #