


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90018 014 ****50.00

DOCUMENT # L05000018991					
1. Entity Name J & I MASONRY, LLC					
Principal Place of Business 144 JENNINGS AVENUE GREENACRES, FL 33461 US			Mailing Address 144 JENNINGS AVENUE GREENACRES, FL 33461 US		
2. Principal Place of Business 216 Jennings Ave Suite, Apt. #, etc.		3. Mailing Address 216 Jennings Ave Suite, Apt. #, etc.			
City & State Greenacres FL Zip 33463 Country		City & State Greenacres FL Zip 33463 Country		4. FEI Number 20-2417159	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SORIANO, JOSE M 144 JENNINGS AVENUE GREENACRES, FL 33461			7. Name and Address of New Registered Agent Name: JOSE SORIANO Street Address (P.O. Box Number is Not Acceptable): 216 Jennings Ave City: Greenacres FL Zip Code: 33463		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SORIANO, JOSE M 144 JENNINGS AVENUE GREENACRES, FL 33461	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SORIANO, JOSE M 144 JENNINGS AVENUE GREENACRES, FL 33461	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SORIANO, JOSE M 144 JENNINGS AVENUE GREENACRES, FL 33461	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SORIANO, JOSE M 144 JENNINGS AVENUE GREENACRES, FL 33461	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SORIANO, JOSE M 144 JENNINGS AVENUE GREENACRES, FL 33461	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: _____ Date _____ Daytime Phone # _____					