2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2007
Secretary of State

DOCUMENT# L05000019652

Entity Name: CR MASONRY, LLC

Current Principal Place of Business:

209 MCCLURE DR
APT. A
GULF BREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:

209 MCCLURE DR
APT. A
GULF BREEZE, FL 32561

New Mailing Address:

FEI Number: 51-0539153 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONTES, CLAUDIO
206 MCCLURE DR
APT A
GULF BREEZE, FL 32561 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CLAUDIO, MONTES
Address: 209 MCCLURE DR APT. A
City-St-Zip: GULF BREEZE, FL 32561

Title: MGR ( ) Delete
Name: MONTES, ANASTACIO
Address: 209 MCCLURE DR APT. A
City-St-Zip: GULF BREEZE, FL 32561

Title: MGR ( ) Delete
Name: MONTES, MARIO
Address: 209 MCCLURE DR APT. A
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANASTACIO MONTES MGR 02/07/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date