2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000061535

1. Entity Name

MASON INTERNATIONAL, LLC



Principal Place of Business

3349 SAVAGE ROAD SARASOTA, FL 34231 Mailing Address

3349 SAVAGE ROAD SARASOTA, FL 34231

FILED Apr 10, 2008 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

01082008 No Chg-LLC CR2E083 (12/07)

4. FEI Number	 Applied For
20-3032963	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MASON, LYNN 3349 SAVAGE RD SARASOTA, FL 34231

DO NOT WRITE IN THIS SPACE

		IN THIS SPACE	
		•	
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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating).			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS		
NAME STREET ADDRESS CITY-ST-ZIP	MGRM MASON, ALFRED H 3349 SAVAGE ROAD SARASOTA, FL 34231		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		U00000888990 04/22/08-80035-016 138.75	
TITLE NAME STREET ADDRESS CHY-ST-ZIP		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST ZIP			

11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Florida Statutes. 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 partrugtee empowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE: 🖊

URE: Alfred H. Mason
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/8/08

(941) 364-2419

Daytime Phone #