

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000070529

Entity Name: CRUTCHFIELD MASONRY, LLC

FILED
Apr 30, 2006
Secretary of State

Current Principal Place of Business:

5343 SOUNDVIEW AV
ST AUGUSTINE, FL 32080

New Principal Place of Business:

5343 SOUNDVIEW AVENUE
ST AUGUSTINE, FL 32080

Current Mailing Address:

5343 SOUNDVIEW AV
ST AUGUSTINE, FL 32080

New Mailing Address:

5343 SOUNDVIEW AVENUE
ST AUGUSTINE, FL 32080

FEI Number: 20-3162898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRUTCHFIELD, JAMES A SR
5343 SOUNDVIEW AV
ST AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

CRUTCHFIELD, JAMES A SR
5343 SOUNDVIEW AVENUE
ST AUGUSTINE, FL 32080 US

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: JAMES A CRUTCHFIELD SR

04/30/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CRUTCHFIELD, JAMES A SR
Address: 5343 SOUNDVIEW AV
City-St-Zip: ST AUGUSTINE, FL 32080

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CRUTCHFIELD, JAMES A SR
Address: 5343 SOUNDVIEW AVENUE
City-St-Zip: ST AUGUSTINE, FL 32080

Title: MGR () Change (X) Addition
Name: CRUTCHFIELD, MARY E
Address: 5343 SOUNDVIEW AVENUE
City-St-Zip: ST AUGUSTINE, FL 32080

Title: MGR () Change (X) Addition
Name: CRUTCHFIELD, JAMES A JR
Address: 10 2ND STREET, APT A
City-St-Zip: ST AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify 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: JAMES A CRUTCHFIELD SR

MGR

04/30/2006

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