2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000085306

1. Entity Name
SWORDS MASONRY, LLC



FILED Jan 23, 2008 08:00 A Secretary of State

Principal Place of Business

120 COOPERS POND ROAD MONTICELLO, FL 32344 US

Mailing Address

120 COOPERS POND ROAD MONTICELLO, FL 32344 US



01112008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3382172 Applied For Not Applicable

5. Certificate of Status Desired

1-22-08

\$5.00 Additional Fee Required

850.556.6508

6. Name and Address of Current Registered Agent

SWORDS, TIMOTHY 120 COOPERS POND ROAD MONTICELLO, FL 32344

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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 little if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SWORDS, TIMOTHY 120 COOPERS POND ROAD MONTICELLO, FL 32344		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			000000792116 01/23/08-80103-009 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME - STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREFT	N QE		
NTLE NAME STREET ADDRESS CITY-ST-ZIP	\ 1		
11. I hereby certify hat the idormation supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated processing and accurate and that my signature shall be same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered accurate his report as required by Chapter 608, Florida Statutes.			

OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE