


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 25, 2008 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L05000085411 |  |
| 1. Entity Name ROBERT JAMES MASONRY, LLC | |

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|---|---|
| Principal Place of Business 207 NW 16TH CT. OCALA FL 34474 US | Mailing Address 207 NW 16TH CT. OCALA FL 34474 US |
|---|---|



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|---|--|
| 2. Principal Place of Business - No P.O. Box # 207 NW 16th Ct | 3. Mailing Address 207 N W 16th Ct |
| Suite, Apt. #, etc. Ocala Fla | Suite, Apt. #, etc. Ocala Fla |
| City & State | City & State |
| Zip 34474 | Country Marion |
| Zip 34474 | Country Marion |

1st MOORE CR2E083 (10/07)

| | |
|---|---|
| 4. FEI Number 20-3596027 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent JAMES, ROBERT 207 NW 16TH CT. OCALA FL 34474 | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |

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 *Robert James* **DATE** 3-22-08
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM JAMES, ROBERT 207 NW 16TH CT. OCALA FL 34474 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U000000869705 04/09/08-80056-018 50.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U000000869705 04/09/08-80056-019 100.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 Section 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: *Robert James* **DATE** 3-22-08 **352-207-0416**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE