


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 17 08:07-2006 90111 045 \*\*\*\*\*50.00  
AM 12:39

<b>DOCUMENT # L05000091393</b>					
1. Entity Name <b>KIRBY MASONARY LLC</b> <i>Rickey L Kirby</i>					
Principal Place of Business <b>914 W. CHURCH BLVD. ARCHER, FL. 32618</b>			Mailing Address <b>PO BOX 175 ARCHER, FL 32618</b>		
2. Principal Place of Business <i>914 W Church Blvd</i>			3. Mailing Address <i>P.O. Box 175 Archer FL</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <i>Archer FL 32618</i>			City & State <i>32618</i>		
Zip <i>32618</i>			Country <i>FLA</i>		
4. FEI Number <i>020750857</i>			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>KIRBY, RICKEY 914 W. CHURCH BLVD. ARCHER, FL 32618</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>914 W Church Blvd P.O. Box</i> City <i>Archer FL 32618</i> Zip Code <i>32618</i>		
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 <i>Rickey Kirby</i> DATE <i>7-31-06</i> <small>Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 8, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIRBY, RICKEY 914 W. CHURCH BLVD., PO BOX 175 ARCHER, FL 32618	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Chapter 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: <i>Rickey Kirby</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					