2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

04-17-2006 90032 032 ****55.00
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN -1 PM 3:57

1st MOORE CR2E083 (10/05)

DOCUMENT # L05000097880

1. Entity Name

GENE WHITE'S BRICK MASONRY, LLC

Principal Place of Business	Mailing Address
1134 COUBERT ROAD GRACEVILLE FL 32440 US	1134 COUBERT ROAD GRACEVILLE FL 32440 US

2. Principal Place of Business	3. Mailing Address
1134 Coubert Rd.	1134 Coubert Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Graceville Fl.	City & State: Graceville Fl.
Zip: 32440 Country: US	Zip: 32440 Country: US

4. FEI Number: 203590630 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE, JAMES E
1134 COUBERT ROAD
GRACEVILLE FL 32440

7. Name and Address of New Registered Agent

Name: James E. White
Street Address (P.O. Box Number is Not Acceptable): 1134 Coubert Road
City: Graceville FL Zip Code: 32440

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: Gene white James E. White 4-29-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITE, JAMES E 1134 COUBERT ROAD GRACEVILLE FL 32440 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Gene white James E. White 4-9-06 850-326-6271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #