

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90348 005 ****55.00

DOCUMENT # L05000104927					
1. Entity Name MASTERS CONSTRUCTION AND DEVELOPMENT, LLC					
Principal Place of Business 16017 N. FLORIDA AVENUE, SUITE 125 LUTZ, FL 33549			Mailing Address 16017 N. FLORIDA AVENUE, SUITE 125 LUTZ, FL 33549		
2. Principal Place of Business 1304 Fletcher Ave. West		3. Mailing Address 1304 Fletcher Ave. West			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tampa, FL		City & State Tampa, FL		4. FEI Number 13-4313258	
Zip 33612		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JONAS, L. BRUCE 16017 N. FLORIDA AVENUE, SUITE 125 LUTZ, FL 33549			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JONAS, L. BRUCE <input type="checkbox"/> Delete 16017 N. FLORIDA AVENUE, SUITE 125 LUTZ, FL 33549		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <input type="checkbox"/> Delete ANGELL, ROCK C 8418 MAY STREET TAMPA, FL 33614		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <input type="checkbox"/> Delete GRIFFIN, RICHARD G 16017 N. FLORIDA AVENUE, SUITE 125 LUTZ, FL 33549		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR M <input checked="" 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	
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	
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: <u>Bruce Jonas</u> 3/8/06 (813) 368-7658 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					