

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 04, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90066 023 \*\*\*\*50.00

<b>DOCUMENT # L06000029284</b>															
<b>1. Entity Name</b> VENDOLA MASONRY LLC															
<b>Principal Place of Business</b> 5520 GUNN HWY. # 1914 TAMPA, FL 33624			<b>Mailing Address</b> 5520 GUNN HWY. # 1914 TAMPA, FL 33624												
<b>2. Principal Place of Business - No P.O. Box #</b> 1410 Marathon Key Dr.		<b>3. Mailing Address</b> Same as 2.													
Suite, Apt. #, etc. # 105		Suite, Apt. #, etc.													
<b>City &amp; State</b> Tampa, FL.		<b>City &amp; State</b>													
<b>Zip</b> 33612	<b>Country</b> US	<b>Zip</b>	<b>Country</b>	<b>4. FEI Number</b> 20-4557367											
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				<b>Applied For</b> Not Applicable											
<b>6. Name and Address of Current Registered Agent</b>  VENDOLA, JOHN 5520 GUNN HWY. # 1914 TAMPA, FL 33624			<b>7. Name and Address of New Registered Agent</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2" style="padding: 2px;">1410 Marathon Key Dr. # 105</td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">Zip Code</td> </tr> <tr> <td style="padding: 2px;">Tampa</td> <td style="padding: 2px;">FL 33612</td> </tr> </table>			Name		Street Address (P.O. Box Number is Not Acceptable)		1410 Marathon Key Dr. # 105		City	Zip Code	Tampa	FL 33612
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Street Address (P.O. Box Number is Not Acceptable)															
1410 Marathon Key Dr. # 105															
City	Zip Code														
Tampa	FL 33612														
<b>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.</b>															
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> <span style="float: right;">DATE _____</span>															
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>													
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>												
TITLE	Manager <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition											
NAME	John Vendola		NAME												
STREET ADDRESS	1410 Marathon Key Dr. #105		STREET ADDRESS												
CITY - ST - ZIP	Tampa, FL. 33612		CITY - ST - ZIP												
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition											
NAME			NAME												
STREET ADDRESS			STREET ADDRESS												
CITY - ST - ZIP			CITY - ST - ZIP												
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition											
NAME			NAME												
STREET ADDRESS			STREET ADDRESS												
CITY - ST - ZIP			CITY - ST - ZIP												
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NAME			NAME												
STREET ADDRESS			STREET ADDRESS												
CITY - ST - ZIP			CITY - ST - ZIP												
<b>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.</b>															
<b>SIGNATURE:</b> <u>John Vendola</u>			John Vendola												
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4/27/07												
<small>Date</small>			813/325-3304												
<small>Daytime Phone #</small>															