2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE

Apr 09, 2007 8:00 am Secretary of State **DOCUMENT # L06000033648** 04-09-2007 90354 031 ****55.00 JAMÉS WELBORN MASONRY LLC Mailing Address Principal Place of Business 1224 RAVIDA CIRCLE 60034319 **1224 RAVIDA CIRCLE** ORLANDO, FL 32825 ORLANDO, FL 32825 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03312007 CR2E083 (12/06) Chg-LLC City & State 4. FEI Numbe Applied For City & State Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WELBORN, JAMES J Street Address (P.O. Box Number is Not Acceptable) 1224 RAVIDA CIRCLE ORLANDO, FL 32825 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGR TITLE ☐ Delete TITLE ☐ Change Addition WELBORN, JAMES J NAME NAME STREET ADDRESS 1224 RAVIDA CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32825 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE. ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete MLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ΠΠE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE ☐ Delete IIILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this thing 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.

ATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED