


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L06000037654 1. Entity Name J. MASON REYNOLDS LLC |  |
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| Principal Place of Business 184 NORTH EAST EDGEWATER DRIVE, #1305 STUART, FL 34996 | Mailing Address 184 NORTH EAST EDGEWATER DRIVE, #1305 STUART, FL 34996 |
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04142008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

| | |
|---------------------------------|-------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
|---------------------------------|-------------------------------|

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|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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|--|
| 6. Name and Address of Current Registered Agent MORA, ABRAHAM M C/O KAYE SCHOLER LLP 777 S. FLAGLER DR., SUITE 900, WEST TOWER WEST PALM BEACH, FL 33401 |
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**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000910317
05/06/08-80105-017 138.75

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGR REYNOLDS, J. MASON 184 NORTH EAST EDGEWATER DRIVE, #1305 STUART, FL 34996 |
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IN THIS SPACE**

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:  **APR. 17, '08** **772-225-3684**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

607-547-2690