

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000751

FILED  
Jan 11, 2005  
Secretary of State

**Entity Name:** ACTION MASONRY CONSTRUCTION, LLC

**Current Principal Place of Business:**

3920 DREW CAMPGROUND RD.  
CUMMING, GA 30040

**New Principal Place of Business:**

3560 NORTH PARKWAY  
CUMMING, GA 30040

**Current Mailing Address:**

3920 DREW CAMPGROUND RD.  
CUMMING, GA 30040

**New Mailing Address:**

3560 NORTH PARKWAY  
CUMMING, GA 30040

**FEI Number:** 58-2336770

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: NEWSOM, LINDA D MGR  
Address: 3920 DREW CAMPGROUND RD.  
City-St-Zip: CUMMING, GA 30040 US

Title: MGR ( ) Delete  
Name: NEWSOM, JERRY R MGR  
Address: 3920 DREW CAMPGROUND RD.  
City-St-Zip: CUMMING, GA 30040 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LINDA NEWSOM

MGR

01/11/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date