

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010420

1. Entity Name
Christian Diedrich Construction LLC

FILED

01 MAR 28 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1960 US Hwyway #1 South PMB 140
St Augustine FL 32086

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3662104

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

International

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Dax C Diedrich
370 Seabreeze ave
St Augustine, FL 32080

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.

SIGNATURE DC Diedrich Dax C Diedrich MGRM 3-28-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM Delete
NAME Dax C Diedrich
STREET ADDRESS 370 Seabreeze ave
CITY-ST-ZIP St Augustine FL 32080

TITLE Mem Change Addition
NAME Robert B Diedrich
STREET ADDRESS 111A Avenida Mercedes
CITY-ST-ZIP St Augustine, FL 32084

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME 100003984841--0
STREET ADDRESS -04/10/01--01061--003
CITY-ST-ZIP ****50.00 ****50.00

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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: DC Diedrich Dax C Diedrich 3-28-01 904 501-4019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (1/1/00)