

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90137 048 ****50.00

DOCUMENT # L00000010420

1. Entity Name

CHRISTIAN DIEDRICH CONSTRUCTION L.L.C.

Principal Place of Business

**1960 US HWY 1 SOUTH
 ST AUGUSTINE FL 32086**

Mailing Address

**P.M. BOX 140
 ST AUGUSTINE FL 32086**

2. Principal Place of Business

3. Mailing Address

1960 US Hwy 1 South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St Augustine FL

Zip

Country

32086

Country

US

4. FEI Number

59-3662104

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DIEDRICH, DAX C
 370 SEABREEZE AVE
 ST AUGUSTINE FL 32080**

7. Name and Address of New Registered Agent

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

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Delete
 NAME **MGRM**
 STREET ADDRESS **DIEDRICH, DAX C**
 CITY-ST-ZIP **370 SEABREEZE AVE
 ST AUGUSTINE FL 32080**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **M**
 STREET ADDRESS **DIEDRICH, ROBERT B**
 CITY-ST-ZIP **111A AVENIDA MENENDEZ
 ST AUGUSTINE FL 32084**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
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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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date **4-20-02**
 Daytime Phone #

CR2E083 (9/01)