

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010420

FILED
Apr 21, 2005
Secretary of State

Entity Name: CHRISTIAN DIEDRICH CONSTRUCTION L.L.C.

Current Principal Place of Business:

370 SEABREEZE AVENUE
ST AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

PO BOX 1796
SAINT AUGUSTINE, FL 32085

New Mailing Address:

FEI Number: 59-3662104

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIEDRICH, DAX C
109 A 2ND ST
ST AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

DIEDRICH, DAX C
P.O. BOX 1796
ST AUGUSTINE, FL 32085 US

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:

04/21/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: DIEDRICH, DAX C MR.
Address: 370 SEABREEZE AVENUE
City-St-Zip: ST AUGUSTINE, FL 32080

Title: MGRM () Delete
Name: DIEDRICH, MAGDALENA K MRS.
Address: 370 SEABREEZE AVENUE
City-St-Zip: ST. AUGUSTINE, FL 32080

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DIEDRICH, DAX C MR.
Address: P.O. BOX 1796
City-St-Zip: ST AUGUSTINE, FL 32085

Title: MGRM (X) Change () Addition
Name: DIEDRICH, MAGDALENA K MRS.
Address: P.O. BOX 1796
City-St-Zip: ST. AUGUSTINE, FL 32085

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: DAX DIEDRICH

MGRM

04/21/2005

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