

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010420

FILED  
Apr 18, 2009  
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:**

PO BOX 840058  
SAINT AUGUSTINE, FL 32080

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  
370 SEABREEZE AVENUE  
ST AUGUSTINE, FL 32080 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/MANAGERS:**

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

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DIEDRICH, DAX C MR.  
Address: P.O. BOX 840058  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: MGRM (X) Change ( ) Addition  
Name: DIEDRICH, MAGDALENA K MRS.  
Address: P.O. BOX 840058  
City-St-Zip: ST. AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

04/18/2009

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