


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000018687**

1. Entity Name  
 THE PUMPHREY BUILDING, L.L.C.



Principal Place of Business      Mailing Address  
 553 EAST TENNESSEE STREET      553 EAST TENNESSEE STREET  
 TALLAHASSEE, FL 32308      TALLAHASSEE, FL 32308

**DO NOT WRITE IN THIS SPACE**



01062005 No Chg-LLC      CR2E083 (10/03)

4. FEI Number      Applied For  
 51-0419126      Not Applicable

5. Certificate of Status Desired            \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PUMPHREY, DONALD JR  
 553 EAST TENNESSEE STREET  
 TALLAHASSEE, FL 32308

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]*      DATE: 4-7-05

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PUMPHREY, DONALD A JR
STREET ADDRESS	553 E. TENNESSEE ST.
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	MGRM
NAME	PUMPHREY, DONALD A SR
STREET ADDRESS	2920 CENTERVILLE ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/09/05-80028-010 50.00

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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]*      DATE: 4-7-05      DAYTIME PHONE #: 681-7777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #