


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 20, 2004 8:00 am
Secretary of State

04-23-2004 90017 050 ****50.00

DOCUMENT # L03000050165			
1. Entity Name LEWTER CONSTRUCTION LLC			
Principal Place of Business 229 1/2 3RD STREET SW WINTER HAVEN, FL 33880		Mailing Address 229 1/2 3RD STREET SW WINTER HAVEN, FL 33880	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LEWTER, JOHN WAYNE 229 1/2 3RD STREET SW WINTER HAVEN, FL 33880		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entry 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		DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEWTER, JOHN WAYNE 229 1/2 3RD STREET SW WINTER HAVEN, FL 33880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 808, Florida Statutes.			
SIGNATURE: <i>X John Wayne Lewter</i>		Date: <i>4-21-04</i> X <i>863-293-8960</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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03302004 Chg-LLC CR2E083 (10/03)

4. FEI Number **38-3693774** Applied For Not Applicable

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