2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2005
Secretary of State

DOCUMENT# L04000004146

Entity Name: C. FAZIO CONTRACTING, L.L.C.

Current Principal Place of Business:

361 MADEIRA CIR
TIERRA VERDE, FL 33715

New Principal Place of Business:

361 MADEIRA CIR
TIERRA VERDE, FL 33715 US

Current Mailing Address:

361 MADEIRA CIR
TIERRA VERDE, FL 33715

New Mailing Address:

361 MADEIRA CIR
TIERRA VERDE, FL 33715 US

FEI Number: 04-3782871 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FAZIO, CHARLES J
361 MADEIRA CIR
TIERRA VERDE, FL 33715 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/MEMBERS:

Title: MGR ( ) Delete
Name: FAZIO, CHARLES J
Address: 361 MADEIRA CIR
City-St-Zip: TIERRA VERDE, FL 33715

Title: MGR ( ) Delete
Name: FAZIO, JAYNE E
Address: 361 MADEIRA CIR
City-St-Zip: TIERRA VERDE, FL 33715

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FAZIO, CHARLES J PRES
Address: 361 MADEIRA CIR
City-St-Zip: TIERRA VERDE, FL 33715 US

Title: MGR (X) Change ( ) Addition
Name: FAZIO, JAYNE E VICE/PR
Address: 361 MADEIRA CIR
City-St-Zip: TIERRA VERDE, FL 33715 US

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: CHARLES J. FAZIO PRES 01/17/2005

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