

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
May 01, 2005
Secretary of State**

DOCUMENT# L04000004186

Entity Name: ALLARD BUILDERS, LLC

Current Principal Place of Business:

184 SWAN LAKE DRIVE
MELROSE, FL 32666

New Principal Place of Business:

Current Mailing Address:

184 SWAN LAKE DRIVE
MELROSE, FL 32666

New Mailing Address:

FEI Number: 57-1197252 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ALLARD, MARLENE S
184 SWAN LAKE DRIVE
MELROSE, FL 32666 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: ALLARD, WILLIAM L
Address: 184 SWAN LAKE DRIVE
City-St-Zip: MELROSE, FL 32666

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: ALLARD, CODY B
Address: 184 SWAN LAKE DR.
City-St-Zip: MELROSE, FL 32666

Title: () Delete
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: ALLARD, ANTHONY A
Address: 184 SWAN LAKE DR
City-St-Zip: MELROSE, FL 32666

Title: () Delete
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: ALLARD, MARLENE S
Address: 184 SWAN LAKE DR
City-St-Zip: MELROSE, FL 32666

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: WILLIAM L ALLARD

MGRM

05/01/2005

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