

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 17, 2005 8:00 am
Secretary of State

05-17-2005 90119 043 ****50.00



DOCUMENT # L04000082739

1. Entity Name
DILL CONSTRUCTION LLC

Principal Place of Business: **1620 STONECROP ST. SEBASTIAN FL 32958**
 Mailing Address: **1133 BAL HARBOR BLVD. #1139 PMB 221 PUNTA GORDA FL 33950**



2. Principal Place of Business: Suite, Apt. #, etc.
819 Cordale Ave NW

City & State: **Port Charlotte FL**

Zip: **33948** Country: **Charlotte**

3. Mailing Address: Suite, Apt. #, etc.
1st MOORE CR2E083 (10/04)

4. FEI Number: **84-1663645**

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

6. Name and Address of Current Registered Agent

**DILL, MIKE
 1620 STONECROP ST.
 SEBASTIAN FL 32958**

7. Name and Address of New Registered Agent

Name: **Dill, Mike**
 Street Address (P.O. Box Number is Not Acceptable): **819 Cordale Ave NW**
 City & State: **Port Charlotte FL** Zip Code: **33948**

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: Mike Dill Mike Dill MGR DATE: 4-29-05

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	DILL, MIKE	
STREET ADDRESS	1620 STONECROP ST.	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	ALMENDINGER, NAN	
STREET ADDRESS	1620 STONECROP ST.	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dill, Mike	
STREET ADDRESS	819 Cordale Ave NW	
CITY-ST-ZIP	Port Charlotte FL 33948	
TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Almendinger, Nan	
STREET ADDRESS	819 Cordale Ave NW	
CITY-ST-ZIP	Port Charlotte FL 33948	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Mike Dill Mike Dill DATE: 4-29-05 DAYTIME PHONE #: 772-360-8221