


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 14, 2005 8:00 am
Secretary of State

05-10-2005 90047 046 ****50.00

DOCUMENT # L03000054044

1. Entity Name
ROWE'S MOBILE CONSTRUCTION, "LLC"



Principal Place of Business Mailing Address

26005 EAST COLONIAL DR. 26005 EAST COLONIAL DR.
 CHRISTMAS FL 32709 CHRISTMAS FL 32709
 US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
87-0715623

Applied For
 Not Applicable

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



1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent

ROWE, LARRY R 11
26005 EAST COLONIAL DR.
CHRISTMAS FL 32709

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROWE, LARRY R 11 26005 EAST COLONIAL DR. CHRISTMAS FL 32709 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Larry Rowe, II* 5-1-05 407-568-0617

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