


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90023 020 ****50.00

DOCUMENT # L00000003623	
1. Entity Name MCCARTHY CONSTRUCTION GROUP, L.L.C.	

Principal Place of Business 5182 N OCEANSHORE BLVD PALM COAST FL 32137	Mailing Address PO BOX 354928 PALM COAST FL 32135
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2. Principal Place of Business	3. Mailing Address 5182 N. Oceanshore
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite A

City & State	City & State
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Zip	Country	Zip	Country
		32137	

6. Name and Address of Current Registered Agent CONNER, TIMOTHY J 1 FLORIDA PARK DRIVE NORTH, SUITE 110 PALM COAST FL 32137	
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4. FEI Number 59-3648853	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 reinstating) DATE

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FOWKES, DEREK V PO BOX 354928 PALM COAST FL 32135 <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: Derek Fowkes Derek Fowkes 04-21-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone