

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000011977

**FILED**  
**Apr 29, 2005**  
**Secretary of State**

**Entity Name:** IRWIN CONTRACTING OF EAST FLORIDA, LLC

**Current Principal Place of Business:**

43-46 NORRE GADE  
#137  
ST THOMAS, VI 00802

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 267  
ST THOMAS, VI 00804

**New Mailing Address:**

**FEI Number:** 02-0595660

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JENKINS, DAVID A  
333 3RD AVE N STE 400  
ST. PETERSBURG, FL 33701 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: 4I, LLC,  
Address: PO BOX 267  
City-St-Zip: ST THOMAS, VI 00804

**ADDITIONS/CHANGES:**

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

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: 4I,LLC

MGR

04/29/2005

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