

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000164

FILED
Feb 24, 2004
Secretary of State

Entity Name: EVERY & MCCABE CONSTRUCTION, LLC

Current Principal Place of Business:

205 N. HALIFAX AVE.
DAYTONA BEACH, FL 32118

New Principal Place of Business:

1737 RIDGEWOOD AVENUE
HOLLY HILL, FL 32117

Current Mailing Address:

205 N. HALIFAX AVE.
DAYTONA BEACH, FL 32118

New Mailing Address:

P O BOX 265064
DAYTONA BEACH, FL 32126

FEI Number: 59-3690506

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVERY, D. KELLY
205 N. HALIFAX AVE.
DAYTONA BEACH, FL 32118

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: MGRM () Delete
Name: EVERY, D KELLY
Address: 205 N HALIFAX AVE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: MGRM () Delete
Name: MCCABE, DERON
Address: 200 RODEO RD
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Delete
Name: MCCABE, JOHN
Address: 1588 SHERRIS LANE
City-St-Zip: HOLLY HILL, FL 32117

ADDITIONS/CHANGES:

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

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

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: D KELLY EVERY

MGRM

02/24/2004

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