


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 26, 2004 8:00 am**  
**Secretary of State**

05-26-2004 90198 006 \*\*\*\*50.00

|   |   |                                 |   |   |  |
|---|---|---------------------------------|---|---|--|
| <b>DOCUMENT # L01000000720</b><br>1. Entity Name<br>DUNBAR CONSTRUCTION, L.L.C.   |   |                                 |   |  |  |
| Principal Place of Business<br>1213 WAVERLY WAY<br>LONGWOOD, FL 32750   |   |                                 | Mailing Address<br>1213 WAVERLY WAY<br>LONGWOOD, FL 32750   |   |  |
| 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<br>59-3694689   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |                                 |   | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent   |   |                                 | 7. Name and Address of New Registered Agent   |   |  |
| B&C CORPORATE SERVICES OF CENTRAL FLORIDA<br>390 NORTH ORNAGE AVENUE, SUITE 1100<br>ORLANDO, FL 32801   |   |                                 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div> |   |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____   |   |                                 |   |   |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2004</b>   |   |                                 | <b>Make check payable to</b><br><b>Florida Department of State</b>  |   |  |
| 9. MANAGING MEMBERS/MANAGERS  |   |                                 | 10. ADDITIONS/CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>DUNBAR, CHAD M<br>1213 WAVERLY WAY<br>LONGWOOD, FL 32750 | <input type="checkbox"/> Delete |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete |   |   |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete |   |   |  |
| 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. |   |                                 |   |   |  |
| <b>SIGNATURE:</b> <u>CHAD M. DUNBAR, AS PRINCIPAL</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   |                                 |   | 5/20/04<br>Date   |  |
|   |   |                                 |   | 407-834-1765<br>Daytime Phone #   |  |