

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000008858

1. Entity Name

HOLMES CONSTRUCTION, L.L.C.

FILED
Aug 11, 2002 8:00 am
Secretary of State

08-11-2002 90170 020 ****50.00

0003445

Principal Place of Business Mailing Address
 2087 CORTEZ 2087 CORTEZ
 JACKSONVILLE FL 32255 JACKSONVILLE FL 32255

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. P.O. Box 551260
 City & State Jacksonville, FL
 Zip 32250 Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3122636 Applied For Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SCHNEIDER, MICHAEL N
 5150 BELFORT ROAD
 BUILDING 100
 JACKSONVILLE FL 32256
 7. Name and Address of New Registered Agent

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 Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MEMBER	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Holmes, Rachel		NAME		
STREET ADDRESS	2087 Cortez Road		STREET ADDRESS		
CITY-ST-ZIP	Jacksonville, FL 32246		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

6/5/2002 904-641-5932

Date

Daytime Phone #

CR2E083 (4/02)