


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90178 014 ****50.00

DOCUMENT # L01000010846					
1. Entity Name OSCAR BULLARD GENERAL CONTRACTOR, L.L.C.					
Principal Place of Business 994 N. BARFIELD DR. #42 MARCO ISLAND FL 34145			Mailing Address 363 WATER LEAF COURT MARCO ISLAND FL 34145		
2. Principal Place of Business		3. Mailing Address 2266 Royal Lane			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Naples Florida		4. FEI Number 65-1137897	
Zip	Country	Zip 34112	Country Collier	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WOODWARD, CRAIG R 6060 BALD EAGLE DR., STE 500 MARCO ISLAND FL 34145			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 _____ (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, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BULLARD, OSCAR 363 WATER LEAF COURT MARCO ISLAND FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2266 Royal Lane Naples FL 34112 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BULLARD, LINDA L 363 WATER LEAF COURT MARCO ISLAND FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2266 Royal Lane Naples FL 34112 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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1st MOORE CR2E083 (10/04)

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: *Oscar Bullard* **9 Feb 05 239-289-2770**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #