

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000020628

1. Entity Name
ACA CONSTRUCTION GROUP, LLC



Principal Place of Business
**112 NE 12TH STREET
OCALA, FL 34470**

Mailing Address
**P.O. BOX 1926
OCALA, FL 34478-1926**

DO NOT WRITE IN THIS SPACE



01082004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3758070

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GOODING, W. JAMES III, ESQ
7 EAST SILVER SPRINGS BLVD.
SUITE 500
OCALA, FL 34470**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2004**

000000016158
01/28/04-80042-018 \$5.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
HUNTER, J. MARSHALL
1512 SW 5TH AVE, PO BOX 1688
OCALA, FL 344781688**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
MANSFIELD, BARRY
112 NORTH EAST 12TH STREET
OCALA, FL 34470**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
AUSLEY, STEVE
1107 E SILVER SPRINGS BLVD
OCALA, FL 34470**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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:

Barry Mansfield

1/15/04

352-732-2404

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

Date

Daytime Phone #