2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 10, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000020628

1. Entity Name
ACA CONSTRUCTION GROUP, LLC

Principal Place of Business	Mailing Address
112 NE 12TH STREET OCALA, FL 34470	P.O. BOX 1926 OCALA, FL 34478-1926

05262005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 7, 2005

000000369381
06/10/05-80004-013 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HUNTER, J. MARSHALL
STREET ADDRESS	1512 SW 5TH AVE, PO BOX 1688
CITY-ST-ZIP	OCALA, FL 344781688
TITLE	MGR
NAME	MANSFIELD, BARRY
STREET ADDRESS	112 NORTH EAST 12TH STREET
CITY-ST-ZIP	OCALA, FL 34470
TITLE	MGR
NAME	AUSLEY, STEVE
STREET ADDRESS	1107 E SILVER SPRINGS BLVD
CITY-ST-ZIP	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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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: J. Marshall Hunter J. Marshall Hunter 6/3/05 352-732-2404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #