2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000001179*

ALBRITTON	CONST	RUCTION	.HC
			LLV



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

		100 mm	03 DEC -8 AMII: 41	
Principal Place of Business 909 EAST- ALBRITTON ROAD AVON PARK FL 33825	Mailing Address 909 EAST ALBRITTON ROA AVON PARK FL 33825	AD		
2. Principal Place of Business	3. Mailing Address	<u></u>		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State	City & State		4. FEI Number Applied For Not Applied For	
Zip Country	Zip	Country	5. Certificate of Status Desired S5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		Name Street Addres	7. Name and Address of New Registered Agent ss (P.O. Box Number is Not Acceptable)	
3_5111VG 1_ 000/0		City	FL Zip Code	
The above named entity submits this statement f the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agen Signature, typed or printed name of registered agen.	Shull	registered office or regis E: Registered Agent signature requ	stered agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with accept the state of Florida. I am familiar with accept the state of Florida. I am familiar with accept the state of Florida. I am familiar with accept the state of Florida. I am familiar with accept the state of Florida. I am familiar with accept the state of Florida. I am familiar with accept the state of Florida. I am familiar with accept the state of Florida. I am familiar with accept the state of Florida. I am familiar with accept the state of Florida. I am familiar with accept the state of Florida. I am familiar with accept the state of Florida. I am familiar with a state of F	ot
	Make Check Payab	OW!!! FEE IS \$50.00 le to Florida Departm September 24, 2003	nent of State	
9. MANAGING MEMB	ERS/MANAGERS	10.	ADDITIONS/CHANGES	\dashv
TITLE NAME Daniel G. Albritto STREET ADDRESS CITY-ST-ZIP Avon Fark, Florida	Delete n / 33825	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-10002526335-1 12/08/0301001008 **150,00	900000000000000000000000000000000000000
TITLE MGRM NAME Marshall G. Albrit STREET ADDRESS 97 Lake Bynd Blrg CITY-ST-ZIP Avon Pank, Florid	†on □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi	on E
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· Change Addition	on
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi	on
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS. CITY-ST-1044 ILL ILL	Change Addition	on
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition Change Addition Change Change Addition Change Cha	nc

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: Amil

Law Offices of BREED & NUNNALLEE, P.A. 325 North Commerce Avenue Sebring, Florida 33870

E. MARK BREED III THOMAS L. NUNNALLEE

December 2, 2003

Telephone (863) 382-3154 Facsimile (863) 382-0209 Email: mbreedpa@strato.net

Corporate Records Bureau Division of Corporations Department of State Post Office Box 6327 Tallahassee, FL 32314-6327

Re: Application for reinstatement of Albritton Construction, LLC

To whom it may concern:

I represent the referenced limited liability company. Please find enclosed a current Uniform Business Report for the referenced limited liability company along with a check in the amount of \$150.00. Please refer any questions or further requirements to this office.

Your assistance and cooperation in this matter will be appreciated.

Sincerely,

THOMAS L. NUNNALLEE

TLN/js Enclosures cc: client

z:\letters\albrittonconstllc