## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Feb 16, 2004 08:00 AM Secretary of State DOCUMENT # L02000002569 FINANCIAL DESIGN BUILD SPECIALISTS, L.L.C. Principal Place of Business Mailing Address 228 E. WINTER PARK ST. 228 E. WINTER PARK ST. ORLANDO, FL 32804 ORLANDO, FL 32804 01142004 No Cha-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0544595 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DOUGLAS, RODNEY L DO NOT WRITE 228 E. WINTER PARK ST. ORLANDO, FL 32804 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, 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 U000000053750 02/16/04-8<u>0144-003\_50.00</u> MANAGING MEMBERS/MANAGERS 9. TITLE MGRM NAME DOUGLAS, RODNEY L 17780 S.E. 237TH COURT STREET ADDRESS CITY-ST-ZIP UMATILLA, FL 32784 TITLE NAME GRAVES, KENNETH L STREET ADDRESS 431 N. SANS SOUCI AVE. CITY-ST-ZIP DELAND, FL 32720 MGRM TITLE NAME SELBY, DALLAS L 387 DEER POINT CIRCLE STREET ADDRESS DO NOT WRITE CRY-ST-ZIP CASSELBERRY, FL 32707 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS

11. I hereby certify that the Information supplied with this filling 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 it 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 60B, Florida Statutes.

SIGNATURE: SEGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANUSCHING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

STREET ADDRESS DITY-ST-ZIP

1-15-04

Daylime Phone #

**FILED**