2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)

DOCUMENT # L02000003263

1. Entity Name

HIRT CONSTRUCTION, LLC

Principal Place of Business	Mailing Address
309 N. HIGHWAY 415 OSTEEN FL 32764	P.O. BOX 30 OSTEEN FL 32764

1st MOORE   CR2E083 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

4. FEI Number: 04-3606565

Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HIRT, ROBERT E JR. 309 N. HIGHWAY 415 OSTEEN FL 32764	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 _____

Signature, typed or printed name of registered agent and title if applicable   (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	MGR		TITLE	☐ Change ☐ Addition
NAME	HIRT, ROBERT E JR.	☐ Delete	NAME	II00000242079
STREET ADDRESS	P.O. BOX 30		STREET ADDRESS	02/24/05--80070--004 55.00
CITY-ST-ZIP	OSTEEN FL 32764		CITY-ST-ZIP	
TITLE	MGRM		TITLE	☐ Change ☐ Addition
NAME	HIRT, TERRY W	☐ Delete	NAME	
STREET ADDRESS	530 DUREN AVE		STREET ADDRESS	
CITY-ST-ZIP	OSTEEN FL 32764		CITY-ST-ZIP	
TITLE			TITLE	☐ Change ☐ Addition
NAME		☐ Delete	NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE			TITLE	☐ Change ☐ Addition
NAME		☐ Delete	NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE			TITLE	☐ Change ☐ Addition
NAME		☐ Delete	NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE			TITLE	☐ Change ☐ Addition
NAME		☐ Delete	NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: _Jerry W. Hirt_ Terry W. Hirt   2/21/05   407 323 2823

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #