
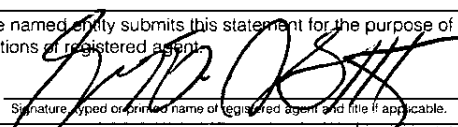
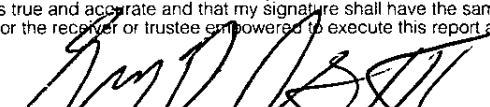


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90435 029 ****50.00

| | | | | | |
|---|--|---|--|---|--|
| DOCUMENT # L02000012110 1. Entity Name GDS & SONS CONSTRUCTION, LLC | | | |  | |
| Principal Place of Business 1372 N. KILLIAN DR #A LAKE PARK FL 33403 | | | Mailing Address 1372 N. KILLIAN DR #A LAKE PARK FL 33403 | | |
| 2. Principal Place of Business 2530 HOPE LN. W. | | 3. Mailing Address 2530 HOPE LN. W. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State PALM BEACH GARDENS, FL | | City & State PALM BEACH GARDENS, FL | | 4. FEI Number 01-0700201 | |
| Zip 33410 | | Country USA | | Applied For Not Applicable | |
| Zip 33410 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent STURGIS, GEORGE D 2530 HOPE LANE WEST PALM BEACH GARDENS FL 33410 | | | 7. Name and Address of New Registered Agent 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  DATE 3/10/04 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR STURGIS, GEORGE D III 2530 HOPE LANE WEST PALM BEACH GARDENS FL 33410 | | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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:  | | | Date 3/10/04 Daytime Phone # 561-627-7907 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |