


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90020 018 *****50.00

DOCUMENT # L02000013935		
1. Entity Name CORNELL CONSTRUCTION, LLC		

Principal Place of Business 466 NEW MEADOWS COURT OCOE, FL 34761	Mailing Address 466 NEW MEADOWS COURT OCOE, FL 34761
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2. Principal Place of Business 1426 CARRIAGE OAKS CT.	3. Mailing Address 1426 CARRIAGE OAKS CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State OCOE, FL	City & State OCOE, FL
Zip 34761	Zip 34761
Country USA	Country USA

04132004 Chg-LLC CR2E083 (10/03)

4. FEI Number 74-3045583	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CORNELL, RAYMOND B ESQ. 466 NEW MEADOWS COURT OCOE, FL 34761	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1426 CARRIAGE OAKS CT. City OCOE FL Zip Code 34761	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORNELL, PATRICIA A 466 NEW MEADOWS COURT OCOE, FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1426 CARRIAGE OAKS CT. OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u>Patricia Cornell</u>	Date <u>4/15/04</u>	Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		