


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000023088</b> 1. Entity Name <b>GOTCH RABOLD CONSTRUCTION, LLC</b>	
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Principal Place of Business <b>P.O. BOX 1115 FAIRFIELD, FL 32634</b>	Mailing Address <b>P.O. BOX 1115 FAIRFIELD, FL 32634</b>
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**DO NOT WRITE IN THIS SPACE**



01192005No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>37-1440445</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>RABOLD, RONALD J 18270 N.W. HIGHWAY 329 REDDICK, FL 32686</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
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, 2005**

000000261945  
03/14/05-80031-021 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR RABOLD, RONALD J MGR 18270 N. HWY 329 REDDICK, FL 32686</b>
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**DO NOT WRITE  
IN THIS SPACE**

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:  **1-19-05 352-266-4517**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

*Ron RABOLD*