

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90024 031 ****50.00

DOCUMENT # L02000029012 1. Entity Name UNIVERSAL CONSTRUCTION COMPANY, LLC	
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Principal Place of Business 10421 LESS TRAVELED ROAD THONOTOSASSA, FL 33592	Mailing Address 10421 LESS TRAVELED ROAD THONOTOSASSA, FL 33592
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DO NOT WRITE IN THIS SPACE



04292004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 35-2186990	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SILVA, VICTOR D 10421 LESS TRAVELED ROAD THONOTOSASSA, FL 33592

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SILVA, VICTOR D 10421 LESS TRAVELED ROAD THONOTOSASSA, FL 33592
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SILVA, RUTH 10421 LESS TRAVELED ROAD THONOTOSASSA, FL 33592
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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 Ruth Y. Silva 4/29/04 813-986-2777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #