


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Oct 01, 2004 8:00 am**  
**Secretary of State**

10-01-2004 90029 006 \*\*\*\*55.00

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>DOCUMENT # L02000030628</b><br>1. Entity Name<br><b>V.W.G CONSTRUCTION LLC</b>   |  |   |  |  |  |
| Principal Place of Business<br><b>5075 N. 49TH AVE.</b><br><b>ST. PETERSBURG, FL 33709 US</b>   |  |   | Mailing Address<br><b>5075 N. 49TH AVE.</b><br><b>ST. PETERSBURG, FL 33709 US</b>  |   |  |
| 2. Principal Place of Business<br><b>5075 49TH AVE N.</b>   |  |   | 3. Mailing Address<br><b>5075 49TH AVE N.</b>  |   |  |
| Suite, Apt. #, etc.<br>   |  |   | Suite, Apt. #, etc.<br>  |   |  |
| City & State<br><b>St. Petersburg</b>   |  |   | City & State<br><b>St. Petersburg</b>  |   |  |
| Zip<br><b>33709</b>   |  | Country<br><b>Florida</b>   |  | Zip<br><b>33709</b>   |  |
| Country<br><b>Florida</b>   |  | 4. FEI Number<br><b>36-4512738</b>                                |  |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required   |  |   |  | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><b>VITUS, WEBER</b><br><b>5075 N. 49TH AVE.</b><br><b>ST. PETERSBURG, FL 33709</b>   |  |   | 7. Name and Address of New Registered Agent<br>Name <b>Vitus Weber</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>5075 49TH AVE N</b><br>City <b>St. Petersburg</b> <b>FL</b> Zip Code <b>33709</b> |   |  |
| 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.<br>SIGNATURE <b>Vitus Weber</b> <b>Vitus Weber</b> <b>Owner</b> <b>9-25-04</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                |  |   |  |   |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by September 8, 2004</b>   |  |   | <b>Make check payable to</b><br><b>Florida Department of State</b>   |   |  |
| 9. MANAGING MEMBERS/MANAGERS  |  |   | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | MGR<br>WEBER, VITUS<br>5075 N. 49TH AVE.<br>ST. PETERSBURG, FL 33709 | <input type="checkbox"/> Delete                                   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: <b>Vitus Weber</b> <b>Vitus Weber</b> <b>9-25-04</b> <b>727-488-6669</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>  |  |   |  |   |  |