

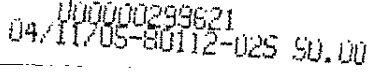


**2005 LIMITED LIABILITY COMPANY,
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000033824		
1. Entity Name MORTON L. LIVINGSTON CONSTRUCTION, L.L.C.		
Principal Place of Business 7279 WEST SENATE STREET FORT OGDEN, FL 34267		Mailing Address P.O. BOX 5 FORT OGDEN, FL 34267
DO NOT WRITE IN THIS SPACE		
		 04072005No Chg-LLC CR2E083 (10/03)
4. FEI Number 42-1561866		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 SICA, VINCENT A 10 S. DESOTO AVENUE, SUITE 101 ARCADIA, FL 34266		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIVINGSTON, MORTON L PO BOX 5, 7279 W. SENATE ST. FORT OGDEN, FL 34267	 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIVINGSTON, DANIEL W PO BOX 5 FORT OGDEN, FL 34267	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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><i>Morton L. Livingston</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		
		<small>Date Daytime Phone #</small>