

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006121

FILED  
Apr 26, 2004  
Secretary of State

Entity Name: IGGY BUILDERS, LLC

## Current Principal Place of Business:

P.O. BOX 681  
SARASOTA, FL 34230

## New Principal Place of Business:

1946 WOOD HOLLOW PL.  
SARASOTA, FL 34235

## Current Mailing Address:

P.O. BOX 681  
SARASOTA, FL 34230

## New Mailing Address:

FEI Number: 75-3099740      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLEMING, ROBERT  
1634 MAIN STREET  
SARASOTA, FL 34236      US

## Name and Address of New Registered Agent:

FLEMING, ROBERT  
1946 WOOD HOLLOW PL  
SARASOTA, FL 34235      US

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.

SIGNATURE: ROBERT FLEMING

04/26/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR      ( ) Delete  
Name: FLEMING, ROBERT  
Address: P.O. BOX 681  
City-St-Zip: SARASOTA, FL 34230

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR      (X) Change ( ) Addition  
Name: FLEMING, ROBERT  
Address: 1946 WOOD HOLLOW PL.  
City-St-Zip: SARASOTA, FL 34235

Title: MGRM      ( ) Change (X) Addition  
Name: FLEMING, SHAWN P  
Address: 10333 WILLIG AVE.  
City-St-Zip: ENGLEWOOD, FL 34224

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROBERT FLEMING

MGRM

04/26/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date