2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 17, 2005 8:00 am
Secretary of State
08-17-2005 90068 031 ****50.00

05202005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000007069

1. Entity Name
M & W BUILDINGS OF FLORIDA, LLC.

Principal Place of Business	Mailing Address
4440 S. E. 53RD AVENUE OCALA, FL 34480 US	4440 S. E. 53RD AVENUE OCALA, FL 34480 US

2. Principal Place of Business	3. Mailing Address
1655 NORTH MAGNOLIA AVE	1655 NORTH MAGNOLIA AVE
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: OCALA, FL	City & State: OCALA, FL
Zip: 34475 Country: U.S.A.	Zip: 34472 Country: U.S.A.

4. FEI Number: 59-1153656 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEARD, JOHN P 4440 S. E. 53RD AVENUE OCALA, FL 34480	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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]

Filing Fee is $50.00
Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	P	☐ Delete
NAME	BALLINGER, JIMMIE	
STREET ADDRESS	238 SW 96TH LANE	
CITY-ST-ZIP	OCALA, FL 34476	
TITLE	VP	☐ Delete
NAME	LEARD, JOHN	
STREET ADDRESS	1405 SE 38TH AVE	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: ✓ [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE