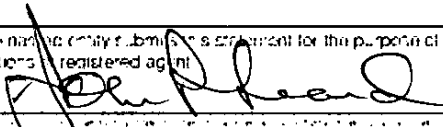


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 17, 2005 8:00 am
Secretary of State

08-17-2005 90068 031 ****50.00

DOCUMENT # L03000007069			
1. Entity Name M & W BUILDINGS OF FLORIDA, LLC.			
Principal Place of Business 4440 S. E. 53RD AVENUE OCALA, FL 34480 US		Mailing Address 4440 S. E. 53RD AVENUE OCALA, FL 34480 US	
2. Principal Place of Business 1655 NORTH MAGNOLIA AVE		3. Mailing Address 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.	
6. Name and Address of Current Registered Agent LEARD, JOHN P 4440 S. E. 53RD AVENUE OCALA, FL 34480		7. Name and Address of New Registered Agent 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 the registered agent.			
SIGNATURE 			



05202005 Chg-LLC CR2E083 (10/03)

4. Filing Number
59-1153656 Applied For
Not Applicable

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

**Filing Fee is \$50.00
Due by September 7, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P BALLINGER, JIMMIE 238 SW 96TH LANE OCALA, FL 34476	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP LEARD, JOHN 1405 SE 38TH AVE OCALA, FL 34471	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.02(3)(h) 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

