2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2004 8:00 am
Secretary of State

01-12-2004 90131 050 ***150.00

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01062004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000014029

1. Entity Name
MAINSAIL BUILDERS, L.L.C.

Principal Place of Business	Mailing Address
885 CRESTRIDGE CIRCLE TARPON SPRINGS, FL 34688	PO BOX 1279 OLDSMAR, FL 34677

2. Principal Place of Business		3. Mailing Address	
SAME AS ABOVE		885 CRESTRIDGE CIRCLE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: TARPON SPRINGS, FL	
Zip	Country	Zip: 34688	Country: USA

4. FEI Number: 74-3086457 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FOX, PAUL H JR.
885 CRESTRIDGE CIRCLE
TARPON SPRINGS, FL 34688

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 registered agent.

SIGNATURE [signature] DATE 1.6.04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	FOX, PAUL H JR.	
STREET ADDRESS	885 CRESTRIDGE CIRCLE	
CITY-ST-ZIP	TARPON SPRINGS, FL 34688	
TITLE	MGR	☐ Delete
NAME	FOX, RUTH M	
STREET ADDRESS	885 CRESTRIDGE CIRCLE	
CITY-ST-ZIP	TARPON SPRINGS, FL 34688	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
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)(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] 1.6.04 727-481-5801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #