

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

37.

FILED
Apr 05, 2004 8:00 am
Secretary of State

03-22-2004 90424 006 ****50.00

34002000



MOORE CR2E083 (11/03)

DOCUMENT # L03000014636 1. Entity Name FIRST COMMERCIAL CONSTRUCTION, LLC																																																		
Principal Place of Business C/O JOHN WANAMAKER, CCIM 102 JAMES POND COURT DEBARY FL 32713			Mailing Address C/O JOHN WANAMAKER, CCIM 102 JAMES POND COURT DEBARY FL 32713																																															
2. Principal Place of Business		3. Mailing Address																																																
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																
City & State		City & State		4. FEI Number 27-0056823																																														
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable																																														
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																														
WANAMAKER, JOHN CCIM 102 JAMES POND COURT DEBARY FL FL327-13				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																		
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004																																																		
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td>WANAMAKER, JOHN CCIM</td> <td>102 JAMES POND COURT</td> <td>DEBARY FL 32713</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete		WANAMAKER, JOHN CCIM	102 JAMES POND COURT	DEBARY FL 32713		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																														
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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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date 3/11/04 Daytime Phone # 775-8633																																														