

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000030327

FILED
Aug 11, 2005
Secretary of State**Entity Name:** BUILDERS SERVICES, LLC**Current Principal Place of Business:**475 WEST TOWN PLACE, SUITE 111
ST. AUGUSTINE, FL 32092**New Principal Place of Business:****Current Mailing Address:**475 WEST TOWN PLACE, SUITE 111
ST. AUGUSTINE, FL 32092**New Mailing Address:****FEI Number:** 20-0157104**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HOWARD A. CAPLAN, ATTORNEY, P.A.
6260 SUPONT STATION COURT, SUITE C
JACKSONVILLE, FL 32217 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NORTH FLORIDA INVEST, MENTS
Address: 475 WEST TOWN PLACE, SUITE 111
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: MGR () Delete
Name: DUGAS, DAVID MR.
Address: 475 WEST TOWN PLACE, SUITE 111
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: MGR () Delete
Name: WARFIELD, STEVEN DR.
Address: 475 WEST TOWN PLACE, SUITE 111
City-St-Zip: ST. AUGUSTINE, FL 32092

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

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

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: SAFAR, JOHN
Address: 475 WEST TOWN PLACE, SUITE 111
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: MGR () Change (X) Addition
Name: ECKER, SCOTT
Address: 475 WEST TOWN PLACE, SUITE 111
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: MGR () Change (X) Addition
Name: BYATT, MATTHEW
Address: 475 WEST TOWN PLACE, SUITE 111
City-St-Zip: ST. AUGUSTINE, FL 32092

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: DAVID DUGAS

MGR

08/11/2005

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