## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000042939  1. Entity Name CHI-MAR CONSTRUCTION, LLC				Secretary of State		
•	e of Business	Mailing Address				
6 MORENO I Destin, Fl		6 MORENO POINT Destin, Fl 32541				
			<u>e., , , , , , , , , , , , , , , , , , , </u>			
Value				01272005No Chg-LLC	CR2E083 (10/03)	
	O NOT WE	RITE IN THIS SP	ACE	4. FEI Number 54-2128758	Applied For Not Applicat	
				5. Certificate of Status Desired [	\$5.00 Additional Fee Required	
	6. Name and Address of	Current Registered Agent				
WILLIAMS, MARTIN 6 MORENO POINT DESTIN, FL 32541				DO NOT WRITE IN THIS SPACE		
8. The above the obliga	named entily submits this stations of registered agent.	atement for the purpose of changing its reg	istered office or register	ed agent, or both, in the State of Florida	I am familiar with, and accep	
SIGNATURE.	Signature, typed or printed name of regi	ANOTE B	ristered Agent signature requires		DATE	
D	lling Fee is \$50.00 ue by May 1, 2005	2 A Company (1997)	becare when a historic ledning	<u> </u>	DATE A SECOND	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGINO MGRM WILLIAMS, MARTIN H 6 MORENO POINT DESTIN, FL 32541	G MEMBERS/MANAGERS		Linnnncs	7620	
TITLE NAME				02/14/05-80	7630 004-025 50.00	

## DO NOT WRITE IN THIS SPACE

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 stated we 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 jeceiver of trustee emography of execute this report as required by Chapter 608, Florida Statutes.
	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 of trustee employment to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

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

Daylims Phone #