


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000042956

1. Entity Name
CARL HEISE CONSTRUCTION, LLC



| | |
|---|---|
| Principal Place of Business PO BOX 6974 OCALA, FL 34478 | Mailing Address PO BOX 6974 OCALA, FL 34478 |
|---|---|

DO NOT WRITE IN THIS SPACE



03282005 No Chg-LLC CR2E083 (10/03)

| | |
|---|--|
| 4. FEI Number 59-2298079 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

**HEISE, CARL D
1855 SE 51ST TERRACE
OCALA, FL 34471**

DO NOT WRITE IN THIS SPACE

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 _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HEISE, CARL D 1855 SE 51ST TERRACE OCALA, FL 34471 |
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04/05/05-80019-019 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Carl D Heise **3-30-05** **352-804-4262**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #