

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 FEB 19 PM 5:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000044340

1. Entity Name
BUTCH J. WALDO CONSTRUCTION L.L.C.



Principal Place of Business
1044 CANARVON DR
TALLAHASSEE, FL 32313

Mailing Address
1044 CANARVON DR
TALLAHASSEE, FL 32313

BK



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1044 Canarvon dr

Suite, Apt. #, etc.

1044 Canarvon dr

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32317

Country

Leon

Zip

32317

Country

Leon

01072004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

270066910

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALDO, BUTCH J
1044 CANARVON DR
TALLAHASSEE, FL 32313

7. Name and Address of New Registered Agent

Name
Waldo, Butch J
Street Address (P.O. Box Number is Not Acceptable)

1044 Canarvon dr.
City
Tallahassee

FL

Zip Code
32317

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

Butch J. Waldo

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WALDO, BUTCH J
1044 CANARVON DR
TALLAHASSEE, FL 32313

Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Waldo, Butch J
1044 Canarvon dr
Tallahassee, FL 32317

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

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:

Butch J. Waldo

Butch Waldo

2/19/04 (850) 443-3195

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

Date

Daytime Phone #