

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 25, 2005 08:00 AM  
Secretary of State

DOCUMENT # L03000044354

1. Entity Name  
KEHOE BUILDERS, LLC



Principal Place of Business  
10195 SE 110TH ST RD  
CANDLER, FL 32111

Mailing Address  
PO BOX 288  
CANDLER, FL 32111



01122005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-0391171

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

KEHOE, JAMES J  
10195 SE 110TH ST RD  
CANDLER, FL 32111

**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

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, 2005**

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
KEHOE, JAMES J  
10195 SE 110TH ST RD  
CANDLER, FL 32111

U000000194963  
01/26/05-80003-014 50.00

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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 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:

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

Date

Daytime Phone #

*James J. Kehoe* JAMES J. KEHOE 1/25-05 352-895-4613