2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000046633

1. Entity Name
R & T CONSTRUCTION, LLC

FILED
04 MAY 28 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03202003 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
1001 FORT SMITH BLVD. DELTONA, FL 32725	1001 FORT SMITH BLVD. DELTONA, FL 32725

2. Principal Place of Business	3. Mailing Address
3136 SHAFTON AVE Suite, Apt. #, etc.	3136 SHAFTON AVE Suite, Apt. #, etc.
City & State: DELTONA	City & State: DELTONA, FL
Zip: 32738 Country: US	Zip: 32738 Country: US

4. FEI Number: 20-0391345 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MELENDEZ, RAFAEL 1001 FORT SMITH BLVD. DELTONA, FL 32725	Name: TYRONE FERRER Street Address (P.O. Box Number is Not Acceptable) 3136 SHAFTON AVE City: DELTONA FL Zip Code: 32738

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] 5/26/2004 TYRONE FERRER 5/26/04
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 September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MELENDEZ, RAFAEL 1001 FORT SMITH BLVD. DELTONA, FL 32725	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM FERRER, TYRONE 3136 SHAFTON AVENUE DELTONA, FL 32738	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR FERRER, TYRONE 3136 SHAFTON AVE DELTONA, FL 32738	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / 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: [signature] TYRONE FERRER 5/26/04 386-561-0071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #