## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## **FILED** Mar 15, 2005 08:00 AM Secretary of State DOCUMENT # L03000046797 . 1. Entity Name HUDSON CONTRACTING, L.L.C. Principal Place of Business Mailing Address 20305 NW 105TH AVENUE POST OFFICE BOX 162 MCINTOSH, FL 32664 MCINTOSH, FL 32664 03112005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0449203 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HUDSON, STEVEN C DO NOT WRITE 20305 NW 105TH AVENUE MCINTOSH, FL 32664 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, typed or printed name of registered agent and fills Tapplicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM NAME HUDSON, STEVEN C 20305 NW 105TH AVENUE U00000263944 STREET ADDRESS 03/15/05-80006-020 50.00 CITY-ST-ZIP MCINTOSH, FL 32664 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

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: