


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000047320
 1. Entity Name
 CHISHOLM CONSTRUCTION LLC



Principal Place of Business Mailing Address
 1949 HARBOR ROAD P.O. BOX 893
 CARRABELLE, FL 32322 CARRABELLE, FL 32322

DO NOT WRITE IN THIS SPACE



03262005 No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
 26-3792629 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 CHISHOLM, BRAXTON C
 1949 HARBOR ROAD
 CARRABELLE, FL 32322

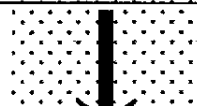
DO NOT WRITE IN THIS SPACE

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 CHISHOLM, BRAXTON C 1949 HARBOR ROAD CARRABELLE, FL 32322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIGN & DATE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/06/05-80022-025 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)(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: Braxton Chisholm 4/5/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #