2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000048500

1. Entity Name

DE GUEHERY CONSTRUCTION, LLC



FILED Apr 30, 2005 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1403 CARLSON DR ORLANDO, FL 32804

1403 CARLSON DR ORLANDO, FL 32804



01272005 No Chg-LLC

CR2E083 (10/03)

407-291-7376

4. FEI Number 58-2678027

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CUTLER, RONALD 1172 PELICAN BAY DR DAYTONA BEACH, FL 32119

SIGNATURE:

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the purpose of chan lons of registered agent. | ging its registered office or registe | ered agent, or both, in t | he State of Florida. I am familiar with, and accept |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| SIGNATURE Signature typed or printed name of registered spent and tills if applicable. | | (NOTE, Registered Agent signature required when reinstating) DATE | | |
| | iling Fee is \$50.00 ue by May 1, 2005 | | , | |
| g, | MANAGING MEMBERS/MANAGERS | <u> </u> | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DE GUEHERY, THOMAS 1403 CARLSON DRIVE ORLANDO, FL 32804 | - | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | U00000350054 |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | | 05/02/05-80090-008 50.00 OT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | - | IN TH | IS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| 11. I hereby of indicated limited liab | pertify that the information supplied with this filling does not que on this report is true and accurate and that my signature shalp billity company or the receiver or trustee empowered to execu | alify for the exemption stated in S I have the same legal effect as if te this report as required by Chap | ection 119.07(3)(i), Flor made under oath, that oter 608, Florida Statute | rida Statutes. I further certify that the information . I am a managing member or manager of the ss. |

DEZED REPRESENTATIVE