


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000049387	
1. Entity Name HARTWIG CONSTRUCTION, L.L.C.	

Principal Place of Business 17217 SWEETWATER ROAD DADE CITY FL 33523	Mailing Address P.O. BOX 1252 ZEPHYRHILLS FL 33539
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E083 (10/04)

4. FEI Number 65-1210681		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HARTWIG, W. WILLIAM JR 17217 SWEETWATER ROAD DADE CITY FL 33523		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HARTWIG, W. WILLIAM JR 17217 SWEETWATER RD DADE CITY FL 33523 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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02/18/05-80037-017 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)(f), 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: W. William Hartwig Jr **W. WILLIAM HARTWIG JR** FEB 14, 2005 813-783-505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #