## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000049541

1. Entity Name
DAN FISH CONSTRUCTION, L.L.C.



Principal Place of Business

Mailing Address

24230 WHIP-O-WILL LANE BONITA SPRINGS, FL 34135 24230 WHIP-O-WILL LANE BONITA SPRINGS, FL 34135

## FILED Jul 12, 2005 08:00 AM Secretary of State



07082005 No Chg-LLC

CR2E083 (10/03)

Daytime Phone #

| 4. FEI Number                    | <br>Applied For                   | _ |
|----------------------------------|-----------------------------------|---|
| 20-0403969                       | <br>Not Applicable                | 8 |
| 5. Certificate of Status Desired | \$5.00 Additional<br>Fee Required |   |

6. Name and Address of Current Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEM

FISH, DAN 24230 WHIP-O-WILL LANE BONITA SPRINGS, FL 34135

the obligations of registered agent.

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

| SIGNATURE  | 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<br>Due by September 7, 2005  |  |  |  |  |
| 9.   | MANAGING MEMBERS/MANAGERS  | _  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | MGR<br>FISH, DAN<br>24230 WHIP-O-WILL LANE<br>BONITA SPRINGS, FL 34135       |  | 000000372352<br>07/12/05-80002-024 50.00 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | DO   | NOT WRITE                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <i>b</i>   | IN   | THIS SPACE                               |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | •  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | •  |  | ····                                     |  |
| 11. I hereby certify that the information supplied with this filling 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. |  |  |  |  |

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