07/15/2004 16:19 TBI (US) INC. → 94078800699

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State
08-23-2004 90150 035 ****55.00

DOCUMENT # L03000049956

1. Entity Name
SCOTT GREEN CONSTRUCTION LLC

Principal Place of Business	Mailing Address
315 WEST SABAL PALM PLACE LONGWOOD, FL 32779	315 WEST SABAL PALM PLACE LONGWOOD, FL 32779

2. Principal Place of Business	3. Mailing Address
1245 MAJESTIC OAK DR	1245 MAJESTIC OAK DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: APOPKA, FL.	City & State: APOPKA FL.
Zip: 32712 Country: ORANGE	Zip: 32712 Country: ORANGE

07152004 Chg-LLC CR2E083 (10/03)

4. FEI Number — ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, WILLIAM
315 WEST SABAL PALM PLACE
LONGWOOD, FL 32779

7. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition MGR William Green 1245 Majestic Oak Dr Apopka, FL 32712
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME	☐ Delete	TITLE	☐ Change ☐ Addition

As of June 3, 2004, the address for Scott Green Construction will be:

1245 Majestic Oak Drive
Apopka, Fl 32712

☐ Change ☐ Addition

☐ Change ☐ Addition

CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 7-18-04
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #