

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

DOCUMENT # L03000050076

1. Entity Name

T & T CENTRAL FLORIDA CONSTRUCTION, LLC



**FILED
Mar 26, 2004 8:00 am
Secretary of State**

03-26-2004 90163 029 ****50.00



MOORE CR2E083 (11/03)

Principal Place of Business	Mailing Address
636 NORTH RIO GRANDE AVENUE ORLANDO FL 32805 US	636 NORTH RIO GRANDE AVENUE ORLANDO FL 32805 US

2. Principal Place of Business <i>111 WEST Robinson St.</i>	3. Mailing Address <i>111 WEST Robinson St.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Orlando, FL</i>	City & State <i>Orlando, FL</i>
Zip <i>32801</i>	Country <i>USA</i>
Zip <i>32801</i>	Country <i>USA</i>

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAGEN, TERRY D 636 NORTH RIO GRANDE AVENUE ORLANDO FL 32805	
Name: <i>ANTHONY J. NICHOLSON</i>	
Street Address (P.O. Box Number Is Not Acceptable) <i>111 WEST Robinson STREET</i>	
City <i>Orlando</i> FL <i>32801</i> 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 *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE *3/22/2004*

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAGEN, TERRY D 636 NORTH RIO GRANDE AVENUE ORLANDO FL 32805	<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	MGR NICHOLSON, ANTHONY 111 WEST ROBINSON STREET ORLANDO FL 32801	<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
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
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
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

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

ANTHONY J. NICHOLSON 3/22/04 407-423-3456

Date

Daytime Phone #