## **2004 LIMITED LIABILITY COMPANY**

SIGNATURE:

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## Apr 16, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L03000050365** 1. Entity Name NELSON CONSTRUCTION, L.L.C. 04-16-2004 90414 005 \*\*\*\*50.00 Principal Place of Business Mailing Address 13029 BARWICK ROAD 13029 BARWICK ROAD ----DELRAY BEACH, FL 33445 DELRAY BEACH, FL 33445 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02052004 Chg-LLC CR2E083 (10/03) 4. FEI Number 83-0388115 City & State City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSS, HARRY J Street Address (P.O. Box Number is Not Acceptable) 100 GLADES ROAD STE. 211 BOCA RATON, FL 33434 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM □ Change ■ Addition TITLE ☐ Defete TITLE NELSON, JEFFREY S NAME NAME STREET ADDRESS 13029 BARWICK ROAD STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33445 CITY-ST-7P ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP\_ CITY-ST-ZIP Delete Channe Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP City-St-7IP 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.

OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIV

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