


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90277 037 \*\*\*\*50.00

<b>DOCUMENT # L03000050404</b> 1. Entity Name <b>LAS PALMAS CONTRACTORS, LLC</b>					
Principal Place of Business <b>4807 BONAIRE CAY DESTIN, FL 32541</b>			Mailing Address <b>4807 BONAIRE CAY DESTIN, FL 32541</b>		
2. Principal Place of Business <b>151 Regions Way</b> Suite, Apt. #, etc. <b>Suite 1-C</b>		3. Mailing Address <b>151 Regions Way</b> Suite, Apt. #, etc. <b>Suite 1-C</b>			
City & State <b>Destin, FL</b>		City & State <b>Destin, FL</b>		4. FEI Number <b>20-0450024</b>	
Zip <b>32541</b>	Country <b>USA</b>	Zip <b>32541</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PERRY, AMY A 4477 LEGENDARY DRIVE 202 DESTIN, FL 32541</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HEWITT, MICHAEL 4807 BONAIRE CAY DESTIN, FL 32541</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Michael B. Hewitt 151 Regions Way, Suite 1-C Destin, FL 32541</b> <input checked="" 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	
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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.					
<b>SIGNATURE: Michael B. Hewitt</b>			<b>1-27-05 (850) 650-0599</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

**20007814**

