2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000050459

1. Entity Name

DONALD HUGGINS GENERAL MAINTENANCE LLC



FILED Apr 18, 2005 08:00 AM Secretary of State

Principal Place of Business

1101 NORTH R STREET PENSACOLA, FL 32506

Mailing Address

1101 NORTH R STREET PENSACOLA, FL 32506



04132005 No Chg-LLC

CR2E083 (10/03)

		 ະດາ	Additional
55-082	27939		Not Applicable
4. FEI Numb	per		Applied For

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

HUGGINS, MARY M 830 MIER HENRY RD PENSACOLA, FL 32506

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PENSACOLA, FL 32506		T NI	IN THIS SPACE		
	named entity submits this statement for the purpose of changlions of registered agent.	ging its registered office or registered agent, or bot	h, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered Agent algorature required when reinstating)	DATE		
Fi	iling Fee is \$50.00 ue by May 1, 2005				
S. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBERS/MANAGERS MGR HUGGINS, DONALD P 1101 NORTH R STREET PENSACOLA, FL 32506		URDOOG313840 94/18/05-80142-009 50.0 0		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>	NOT WRITE THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					
SINCEL MODIFIES					

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 at the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOROLO H HUGGING
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Davrime Phone #