


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000050643
 1. Entity Name
 DAVID W. SPROUSE GENERAL CONTRACTOR, LLC



Principal Place of Business Mailing Address
 402 BIRCH AVE. 402 BIRCH AVE.
 NOKOMIS, FL 34275 NOKOMIS, FL 34275

DO NOT WRITE IN THIS SPACE



01132005No Chg-LLC CR2E083 (10/03)

4. FEI Number
 20-0452738

Applied For
Not Applicable

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

5. Name and Address of Current Registered Agent
 SPROUSE, DAVID W
 402 BIRCH AVE
 NOKOMIS, FL 34275

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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 May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SPROUSE, DAVID W
STREET ADDRESS	402 BIRCH AVE
CITY - ST - ZIP	NOKOMIS, FL 34275
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 02/22/05-80014-011 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date: _____
Daytime Phone: _____