
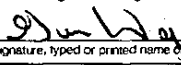
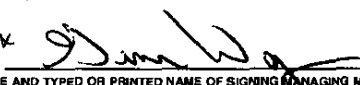


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90223 035 ****50.00

DOCUMENT # L03000050989					
1. Entity Name GUNNAR WEGMANN CONSTRUCTION, LLC					
Principal Place of Business 6952 CYPRESS SPRING COURT ST. AUGUSTINE, FL 32084 US			Mailing Address 9405 CRN 13 ST AUGUSTINE, FL 32090 US		
2. Principal Place of Business 6952 CYPRESS Spring Court Suite, Apt. #, etc.		3. Mailing Address 6952 Cypress Spring Court Suite, Apt. #, etc.			
City & State St. Augustine FL Zip 32086 Country US		City & State St. Augustine FL Zip 32086 Country		4. FEI Number 20-0455691	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent VIRGILIO, RAYMOND P 7211 HIAWATHA PARKWAY SPRING HILL, FL 34606			7. Name and Address of New Registered Agent Name: Gunnar Wegmann Street Address (P.O. Box Number is Not Acceptable): 6952 Cypress Spring Court City: St. Augustine FL Zip Code: 32086		
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: 2/22/04	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE: MGRM NAME: WEGMANN, GUNNAR STREET ADDRESS: 9405 CRN 13 CITY-ST-ZIP: ST AUGUSTINE, FL 32090	<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.					
SIGNATURE: * 				Date: 2/22/04 (904) 669-4251	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	