2004 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L03000051846



FILED Apr 26, 2004 8:00 am Secretary of State

04-26-2004 90039 003 ****55.00

1. Entity Name STEVE FRITZSON CARPENTER SUB-CONTRACTORS, LLC													
Principal Place of Business 1475 SANTA ANNA STREET SOUTHEAST PALM BAY, FL 32909-8437			Mailing Address 1475 SANTA ANNA STREET SOUTHEAST PALM BAY, FL 32909-8437				\$4A29.44a						
2. Principal P	lace of Busin	ness	3. Mailing Address			· · - · · · · · · · · · · · · · · · · ·							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	!		04052004	Chg-LLC	CR2E08	33 (10/03)				
City & State			City & State	•		4. FEI Numb	42-161	2875		plied For t Applicable			
Zip Country			Zip Coun		itry				5.00 Add ee Required				
6. Name and Address of Current Registered Agent					Name		7. Name and	a Address of New	Hegistered A	gent			
SPIEGEL 8 1840 SW 2 4TH FLOC	22ND ST.	A, P.A.					Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL													
					City			FL Zip Code			•		
8. The above the obligat	, _				oth, in the State of F		amiliar with,	and accept					
Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
Fi D	iling Fee i ue by May	is \$50.00 y 1, 2004						Florid	ke check pa la Departme		* :		
9.	r:	MANAGING MEMBER	<u> </u>	10.				ADDITIONS	CHANGES				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		N, STEVE ITA ANNA STREET SOU Y, FL 329098437	☐ Delete	NAM		14	ITZSON 75 SAN'	, STEVE TA ANNA , FL 329			□ Addițion THEAST		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1475 SAN	N, ANDREA ITA ANNA STREET SOU Y, FL 329098437	☐ Delete							☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1475 SAN	N, ANDREA ITA ANNA STREET SOL Y, FL 329098437	☐ Delete			٠.			•-	☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1475 SAN	N, STEVE ITA ANNA STREET SOU Y, FL 329098437	☐ Delete JTHEAST					ţ		☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete							☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS	*		Delete	TITL NAM STR						☐ Change	Addition		
CITY-ST-ZIP	ļ <u>"</u>	' <u> </u>		СП	′-ST-ZIP		<u> </u>	-					

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 the report as required by Chapter 608, Florida Statutes.

SIGNATURE: STEVE FRITZSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGEN OR AUTHORIZED REPRESENTATIVE

04

(321)-984-8691

Daytime Phone #