2004 LIMITED ELABILITY COMPANY ANNUAL REPORT (AR)

Mar 09, 2004 8:00 am **DOCUMENT # L03000052308 Secretary of State** 1. Entity Name 03-09-2004 90295 016 ****55.00 BART BYRD CONSTRUCTION, LLC Principal Place of Business Mailing Address 5001 FLYNT DRIVE 5001 FLYNT DRIVE MARIANNA FL 32446 MARIANNA FL 32446 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. CR2E083 (11/03) MOORE City & State City & State 593401896 Applied For 4. FEI Number Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BYRD, MARION B Street Address (P.O. Box Number is Not Acceptable) 5001 FLYNT DRIVE MARIANNA FL 32446 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE **MGRM** ☐ Delete TITLE ☐ Change ☐ Addition NAME BYRD, MARION B NAME 5001 FLYNT DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARIANNA FL 32446 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete Addition NAME: -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby 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.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Date

Daytime Phone #