

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000052436

Entity Name: SD WEBER CONSTRUCTION L.L.C.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

34 BUDFIELD DR
PALM COAST, FL 32137

New Principal Place of Business:

34 LAKE SUCCESS DR
PALM COAST, FL 32137

Current Mailing Address:

34 BUDFIELD DR
PALM COAST, FL 32137

New Mailing Address:

34 LAKE SUCCESS DR
PALM COAST, FL 32137

FEI Number: 03-0538021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBER, LISA A
34 BUDFIELD DR
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

WEBER, LISA A
34 LAKE SUCCESS DR
PALM COAST, FL 32137 US

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.

SIGNATURE:

04/29/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: WEBER, STEVEN D
Address: 34 BUDFIELD DR
City-St-Zip: PALM COAST, FL 32137

Title: MGRM () Delete
Name: WEBER, LISA A
Address: 34 BUDFIELD DR
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WEBER, STEVEN D
Address: 34 LAKE SUCCESS DR
City-St-Zip: PALM COAST, FL 32137

Title: MGRM (X) Change () Addition
Name: WEBER, LISA A
Address: 34 LAKE SUCCESS DR
City-St-Zip: PALM COAST, FL 32137

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LISA A. WEBER

MRS

04/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date