

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-26-2004 90045 010 \*\*\*\*50.00

**24054041**



|  |                                      |  |   |   |  |
|--|--------------------------------------|--|---|---|--|
| <b>DOCUMENT # L03000052455</b><br>1. Entity Name<br><b>RONALD J SIMMONS RESIDENTIAL CONTRACTOR LLC</b>   |                                      |  |   |   |  |
| Principal Place of Business<br><b>295 BYRD RD<br/>CRESCENT CITY, FL 32112</b>  |                                      |  | Mailing Address<br><b>295 BYRD RD<br/>CRESCENT CITY, FL 32112</b> |   |  |
| 2. Principal Place of Business   |                                      | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.  |                                      | Suite, Apt. #, etc.  |   |   |  |
| City & State   |                                      | City & State   |   |   |  |
| Zip  | Country                              | Zip  | Country   | 4. FEI Number<br><b>41-2121735</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                                      |  |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HAENFIER, JAMES</b> <i>← spelled wrong</i><br><b>20 N SUMMIT ST<br/>CRESCENT CITY, FL 32112</b>  |                                      |  |   | 7. Name and Address of New Registered Agent<br><br>Name <b>HAENFLER, James</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> 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.<br>SIGNATURE <i>James Haenfler</i> <b>JAMES HAENFLER</b> <b>3-3-4</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |                                      |  |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2004</b>  |                                      | <b>Make check payable to<br/>Florida Department of State</b> |   |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |                                      |  | 10. ADDITIONS/CHANGES   |   |  |
| TITLE  | MGRM <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   | SIMMONS, RONALD J                    |  | NAME  |   |  |
| STREET ADDRESS   | 295 BYRD RD                          |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | CRESCENT CITY, FL 32112              |  | CITY-ST-ZIP   |   |  |
| TITLE  | <input type="checkbox"/> Delete      |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   |                                      |  | NAME  |   |  |
| STREET ADDRESS   |                                      |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |                                      |  | CITY-ST-ZIP   |   |  |
| TITLE  | <input type="checkbox"/> Delete      |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   |                                      |  | NAME  |   |  |
| STREET ADDRESS   |                                      |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |                                      |  | CITY-ST-ZIP   |   |  |
| TITLE  | <input type="checkbox"/> Delete      |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   |                                      |  | NAME  |   |  |
| STREET ADDRESS   |                                      |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |                                      |  | CITY-ST-ZIP   |   |  |
| TITLE  | <input type="checkbox"/> Delete      |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   |                                      |  | NAME  |   |  |
| STREET ADDRESS   |                                      |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |                                      |  | CITY-ST-ZIP   |   |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) of the 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. 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 689, Florida Statutes. |                                      |  |   |   |  |
| SIGNATURE: <i>Ronald J Simmons</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |                                      |  | Date <b>4/24/04</b><br>Daytime Phone #                            |   |  |

**SIGN HERE**