


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 05, 2005 8:00 am**  
**Secretary of State**

07-05-2005 90002 023 \*\*\*\*50.00

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| <b>DOCUMENT # L03000052652</b><br>1. Entity Name<br><b>LEGGETT CONSTRUCTION LLC</b>   |  |  |   |   |  |
| Principal Place of Business<br><b>PO BOX 777</b><br><b>GILCHRIST, FL 32693 US</b>   |  |  | Mailing Address<br><b>PO BOX 777</b><br><b>GILCHRIST, FL 32693 US</b> |  |  |
| 2. Principal Place of Business<br><i>Same</i>   |  | 3. Mailing Address<br><i>Same</i>                                  |   |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |   |  |  |
| City & State  |  | City & State   |   |  |  |
| Zip   | Country  | Zip  | Country   |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>LEGGETT, JAMES C</b><br><b>701 SOUTH MAIN STREET</b><br><b>TRENTON, FL 32693</b>  |  |  |   | 7. Name and Address of New Registered Agent<br>Name <i>Same</i><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 C Leggett</i> (NOTE: Registered Agent signature required when reinstating) DATE <i>7-1-05</i>   |  |  |   |  |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by September 7, 2005</b>   |  | <b>Make check payable to</b><br><b>Florida Department of State</b> |   |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |  | <b>10. ADDITIONS/CHANGES</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>MGR</b><br><b>LEGGETT, JAMES C</b><br><b>PO BOX 777</b><br><b>TRENTON, FL 32693</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>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. |  |  |   |  |  |
| <b>SIGNATURE:</b> <i>James C Leggett</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  |  | Date <i>7-1-05</i> Daytime Phone # <i>(352) 472-3386</i>              |  |  |