


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 12, 2005 8:00 am
Secretary of State

08-12-2005 90049 022 ****55.00

DOCUMENT # L03000054879		
1. Entity Name RUSCOE CONSTRUCTION LLC		

Principal Place of Business 38 ELDA LN PORT ORANGE, FL 32127	Mailing Address 38 ELDA LN PORT ORANGE, FL 32127
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2. Principal Place of Business 609 BOARS HEAD DR.	3. Mailing Address 609 BOARS HEAD DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Port ORANGE FL	City & State Port ORANGE FL
Zip 32127	Zip 32127
Country USA	Country USA

20066675



08102005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0501658	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent RUSCOE, MICHAEL 38 ELDA LN PORT ORANGE, FL 32127	
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7. Name and Address of New Registered Agent Name RUSCOE Michael Street Address (P.O. Box Number is Not Acceptable) 609 BOARS HEAD DR. City Port ORANGE FL Zip Code 32127	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRGM RUSCOE, MICHAEL 38 ELDA LN PORT ORANGE, FL 32127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRGM RUSCOE, Michael 609 BOARS HEAD DR. PORT ORANGE FL 32127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.

SIGNATURE: *Michael Ruscoe* **8/10/05** (352) 756-0938
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #