

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90001 002 \*\*\*\*55.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            |                                                                                                                                                                                                         |                                                                          |                                                                                                                                                                                                                                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L03000055481</b><br>1. Entity Name<br><b>HATCHETT CREEK CONSTRUCTION, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                            |                                                                                                                                                                                                         |                                                                          |                                                                                                                                                                                                                                       |  |
| Principal Place of Business<br><b>11519 NE SR 26</b><br><b>GAINESVILLE, FL 32641</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                            |                                                                                                                                                                                                         | Mailing Address<br><b>11519 NE SR 26</b><br><b>GAINESVILLE, FL 32641</b> |                                                                                                                                                                                                                                       |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                            |                                                                                                                                                                                                         | 3. Mailing Address<br>Suite, Apt. #, etc.                                |                                                                                                                                                                                                                                       |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                            |                                                                                                                                                                                                         | City & State                                                             |                                                                                                                                                                                                                                       |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                            | Country                                                                                                                                                                                                 |                                                                          | Zip                                                                                                                                                                                                                                   |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                            | Country                                                                                                                                                                                                 |                                                                          | 4. FEI Number<br><b>20 050 7832</b>                                                                                                                                                                                                   |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                            |                                                                                                                                                                                                         |                                                                          | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                |  |
| 6. Name and Address of Current Registered Agent<br><b>ALTOMARE, TIMOTHY J</b><br><b>11519 NE SR 26</b><br><b>GAINESVILLE, FL 32641</b>                                                                                                                                                                                                                                                                                                                                                                        |                                                                                            |                                                                                                                                                                                                         |                                                                          | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                  |                                                                                            |                                                                                                                                                                                                         |                                                                          |                                                                                                                                                                                                                                       |  |
| Filing Fee is \$50.00<br>Due by May 1, 2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                            | <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>DEPOSIT ONLY</b><br/> <b>1009068796</b><br/> <b>Make check payable to</b><br/> <b>Florida Department of State</b> </div> |                                                                          |                                                                                                                                                                                                                                       |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                            |                                                                                                                                                                                                         | <b>10. ADDITIONS/CHANGES</b>                                             |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGR<br><b>ALTOMARE, TIMOTHY J</b><br><b>11519 NE SR 26</b><br><b>GAINESVILLE, FL 32641</b> | <input type="checkbox"/> Delete                                                                                                                                                                         |                                                                          |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                       |                                                                          |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                       |                                                                          |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                       |                                                                          |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                       |                                                                          |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                            | <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: <u>Timothy J Altomare</u> <u>Timothy J Altomare</u> <u>04/30/04</u> <u>352)494-7721</u></b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>                                                                                                                                                                                                                                                        |                                                                                            |                                                                                                                                                                                                         |                                                                          |                                                                                                                                                                                                                                       |  |

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