


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90133 012 ****50.00

| | | | | | |
|---|--|---|--|---|---|
| DOCUMENT # L0300056031 1. Entity Name HERBERT NIX CONSTRUCTION, L.L.C. | | | |  | |
| Principal Place of Business 1501 S.E. 4TH STREET OKEECHOBEE, FL 34974 | | | Mailing Address 1501 S.E. 4TH STREET OKEECHOBEE, FL 34974 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | Zip | |
| Country | | Country | | Country | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | 4. FEI Number 50-2444597 | |
| Applied For <input type="checkbox"/> Not Applicable | | | | 07062004 Chg-LLC CR2E083 (10/03) | |
| 6. Name and Address of Current Registered Agent NIX, HERBERT 1501 S.E. 4TH STREET OKEECHOBEE, FL 34974 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. | | | | | |
| SIGNATURE <i>Herbert Nix</i> | | DATE 7/7/04 | | (NOTE: Registered Agent signature required when reinstating) | |
| Filing Fee is \$50.00 Due by September 8, 2004 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR NIX, HERBERT 1501 S.E. 4TH STREET OKEECHOBEE, FL 34974 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <i>Herbert Nix</i> | | DATE: 7/12/04 | | Daytime Phone #: 863-634-6500 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |