

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90353 047 \*\*\*\*50.00

<b>DOCUMENT # L03000056769</b> 1. Entity Name <b>WRIGHT BUILDER'S L.L.C.</b>					
Principal Place of Business <b>1640 SACKETT CIR. ORLANDO, FL 32818</b>			Mailing Address <b>1640 SACKETT CIR. ORLANDO, FL 32818</b>		
2. Principal Place of Business <b>321 EMERALD SHORES</b>		3. Mailing Address <b>432 MAIN STREET</b>			
Suite, Apt. #, etc. <b>#104</b>		Suite, Apt. #, etc. <b>#103</b>			
City & State <b>OCOE, FL</b>		City & State <b>WINDERMERE, FL</b>			
Zip <b>34761</b>		Zip <b>34786</b>		Country	
4. FEI Number <b>04092004</b> Chg-LLC    CR2E083 (10/03)					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>WRIGHT, DARREN M 1640 SACKETT CIR. ORLANDO, FL 32818</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 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. SIGNATURE  DATE <b>4-15-04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WRIGHT, DARREN M 1640 SACKETT CIR. ORLANDO, FL 32818</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 		Date <b>4-15-04</b>		Daytime Phone # <b>321 689 6596</b>	