

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90108 007 \*\*\*\*50.00

**DOCUMENT # L03000057047**

**1. Entity Name**  
**GILL BUILDERS, LLC**

**Principal Place of Business**  
17917 SOUTH US 441  
MICANOPY, FL 32667 US

**Mailing Address**  
17917 SOUTH US 441  
MICANOPY, FL 32667 US

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02062004 Chg-LLC CR2E083 (10/03)

**4. FEI Number**  
**20-0527508**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

GILL, JAMES M  
17917 SOUTH US 441  
MICANOPY, FL 32667

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

**TITLE** MGRM ☐ Delete  
**NAME** GILL, JAMES M  
**STREET ADDRESS** 17917 SOUTH US 441  
**CITY-ST-ZIP** MICANOPY, FL 32667

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
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**CITY-ST-ZIP**

**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:** *James M. Gill*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*2-09-04* *352 466-7426*  
Date Daytime Phone #