


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90101 028 ****50.00

DOCUMENT # L03000057337			
1. Entity Name LEVIN PRESCOTT GRADING, LLC			
Principal Place of Business 1061 GARY DRIVE ST CLOUD FL 34772		Mailing Address 1061 GARY DRIVE ST CLOUD FL 34772	
2. Principal Place of Business 1061 GARY DR. Suite, Apt. #, etc.		3. Mailing Address 1061 GARY DR. Suite, Apt. #, etc.	
City & State ST. CLOUD, FL. Zip 34772 Country Osceola		City & State ST. CLOUD, FL. Zip 34772 Country Osceola	
4. FEI Number 30-0145942		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PRESCOTT, LEVIN 1061 GARY DRIVE ST. CLOUD FL 34772		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>Levin Prescott</i> Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRESCOTT, LEVIN 1061 GARY DR SAINT CLOUD FL 34772 <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: *Levin Prescott*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

40045423



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