


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90182 034 ****50.00

DOCUMENT # L04000000702	
1. Entity Name A & D CONSTRUCTION CO., LLC	

Principal Place of Business 2201 S.W. 28TH STREET APT. 2 OKEECHOBEE, FL 34974	Mailing Address 2201 S.W. 28TH STREET APT. 2 OKEECHOBEE, FL 34974
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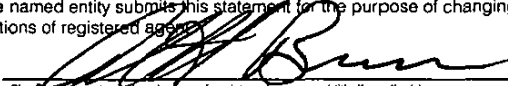
2. Principal Place of Business 3035 Dellwood Terrace Suite, Apt. #, etc.	3. Mailing Address 3035 Dellwood Terrace Suite, Apt. #, etc.
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City & State LaBelle FL	City & State LaBelle FL
Zip 33935	Country USA



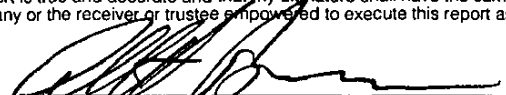
01112005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0543711	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 BUNNER, ALBERT B 2201 S.W. 28TH STREET APT. 2 OKEECHOBEE, FL 34974	

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3035 Dellwood Terrace City LaBelle FL Zip Code 33935	
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 1-11-05 (NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUNNER, ALBERT B 2201 S.W. 28TH STREET, APT. 2 OKEECHOBEE, FL 34974 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3035 Dellwood Terrace LaBelle FL 33935 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUNNER, DONNA J 2201 S.W. 28TH STREET, APT. 2 OKEECHOBEE, FL 34974 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3035 Dellwood Terrace LaBelle FL 33935 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 1-11-05 Daytime Phone # 863-675-3806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	