

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000000779

FILED
Sep 06, 2005
Secretary of State

Entity Name: PHILLIP E. SHEA CONSTRUCTION, LLC

Current Principal Place of Business:

9791 206TH STREET
O'BRIEN, FL 32071

New Principal Place of Business:

Current Mailing Address:

9791 206TH STREET
O'BRIEN, FL 32071

New Mailing Address:

FEI Number: 35-2222490 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SHEA, PHILLIP E
9791 206TH STREET
O'BRIEN, FL 32071 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHEA, PHILLIP E
Address: 9791 206TH STREET
City-St-Zip: O'BRIEN, FL 32071

Title: MGRM () Delete
Name: SHEA, ROBIN I
Address: 9791 206ST
City-St-Zip: O'BRIEN, FL 32071 US

Title: MGRM () Delete
Name: JERNIGAN, CHRIS M
Address: 17891 99TH DRIVE
City-St-Zip: MCALPIN, FL 32062 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PHILLIP E. SHEA

MGR

09/06/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date