

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/ FILED
May 20, 2005 8:00 am
Secretary of State

04-27-2005 90045 002 ****55.00

DOCUMENT # L04000002150 1. Entity Name E.K. CONSTRUCTION, LLC					
Principal Place of Business 1511 G & H DRIVE KISSIMMEE, FL 34744			Mailing Address 1511 G & H DRIVE KISSIMMEE, FL 34744		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ENGEL, CHRISTOPHER 1511 G & H DRIVE KISSIMMEE, FL 34744			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>[Signature]</i> CHRISTOPH MAX ENGEL Signature, typed or printed name of registered agent and two if applicable. (NOTE: Registered Agent signature required when reappointing)		DATE: 04-24-2005			
Filing Fee is \$50.00 Due by May 1, 2005		I AM 100% OWNER!! NO OTHER MANAGERS!!!		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM (MANAGING MANAGER) E.K. CONSTRUCTION, LLC 1511 G & H DRIVE KISSIMMEE FL 34744		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <i>[Signature]</i> CHRISTOPH MAX ENGEL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE: 4-24-2005		Daytime Phone #: 407-932-4572	

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04112005 Chg-LLC CR2E083 (10/03)

4. FEI Number **80-0087465** Applied For ☐ Not Applicable ☒

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