


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 23, 2005 8:00 am
Secretary of State

01-18-2005 90185 019 ****50.00

DOCUMENT # L04000003364 1. Entity Name CAJUN BUILDINGS, L.L.C.					
Principal Place of Business 15334 HARBOR DRIVE MADEIRA BEACH, FL 33708			Mailing Address 15334 HARBOR DRIVE MADEIRA BEACH, FL 33708		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01112005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 58-2678200				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				30000545	
6. Name and Address of Current Registered Agent SHONTZ, PATRICIA 15334 HARBOR DRIVE MADEIRA BEACH, FL 33708				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <i>Patricia Shantz</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%;"> <i>Patricia Shantz</i> <small>NOTE: Registered Agent signature required when reinstating.</small> </div> <div style="width: 20%; text-align: right;"> 2/13/05 <small>DATE</small> </div> </div>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <i>Registered Agent</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Patricia Shantz</i> 15334 Harbor Dr Madeira Beach, FL 33708 <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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		
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)(f), 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 508, Florida Statutes.					
SIGNATURE: <i>Patricia Shantz</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date 1/14/05 Daytime Phone 727-392-2823	

Document Number **ATTACHMENT**
30000545

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cajun Buildings, L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited
Liability Company is:

15334 Harbor Drive
Madeira Beach, FL 33708

**ARTICLE III - Registered Agent, Registered Office & Registered Agent's
Signature:**

The name and the Florida street address of the registered agent are:

Patricia Shontz
15334 Harbor Drive
Madeira Beach, FL 33708

Having been named as registered agent and to accept service of process for the above state limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.


Registered Agent's Signature

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN - 8 PM 3:35