


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90190 026 \*\*\*\*55.00

<b>DOCUMENT # L04000004207</b> 1. Entity Name <b>SNELLGROVE &amp; RILEY CONSTRUCTION, LLC</b>					
Principal Place of Business <b>109 E. ITALIAN DR. DEFUNIAK SPRINGS, FL 32433</b>			Mailing Address <b>109 E. ITALIAN DR. DEFUNIAK SPRINGS, FL 32433</b>		
2. Principal Place of Business <div style="text-align: center; font-size: 2em;">N/A</div>		3. Mailing Address <div style="text-align: center; font-size: 2em;">N/A</div>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>SNELLGROVE, ROGER 109 E. ITALIAN DR. DEFUNIAK SPRINGS, FL 32433</b>				7. Name and Address of New Registered Agent Name <div style="text-align: center; font-size: 2em;">N/A</div> Street Address (P.O. Box Number is Not Acceptable)  City <div style="text-align: right; font-weight: bold;">FL</div> 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. <div style="text-align: center; font-size: 2em;">N/A</div>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE	MGRM <span style="float: right;"><input type="checkbox"/> Delete</span>		TITLE	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
NAME	SNELLGROVE, ROGER		NAME		
STREET ADDRESS	109 E ITALIAN DR.		STREET ADDRESS		
CITY - ST - ZIP	DEFUNIAK SPRINGS, FL 32433		CITY - ST - ZIP		
TITLE	MGRM <span style="float: right;"><input type="checkbox"/> Delete</span>		TITLE	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
NAME	RILEY, DALE		NAME		
STREET ADDRESS	8513 ROBISON RD.		STREET ADDRESS		
CITY - ST - ZIP	LAUREL HILL, FL 32567		CITY - ST - ZIP		
TITLE	<span style="float: right;"><input type="checkbox"/> Delete</span>		TITLE	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<span style="float: right;"><input type="checkbox"/> Delete</span>		TITLE	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<span style="float: right;"><input type="checkbox"/> Delete</span>		TITLE	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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.					
<b>SIGNATURE: <u>Roger H. Snellgrove</u> Roger H. Snellgrove 1-31-05 (850) 585-5596</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					