

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000004271

FILED
Mar 30, 2005
Secretary of State**Entity Name:** DALE HURST CONSTRUCTION LLC**Current Principal Place of Business:**680 S. WOODLAWN AVE
BARTOW, FL 33830 US**New Principal Place of Business:****Current Mailing Address:**680 S. WOODLAWN AVE
BARTOW, FL 33830 US**New Mailing Address:****FEI Number:** 74-3112369**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HURST, DALE F
680 S. WOODLAWN AVE.
BARTOW, FL 33830 US**Name and Address of New Registered Agent:**

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/MEMBERS:Title: MGR () Delete
Name: HURST, DALE F
Address: 680 S. WOODLAWN AVE.
City-St-Zip: BARTOW, FL 33830 USTitle: MGRM () Delete
Name: PORTER, RONALD
Address: 680 S WOODLAWN AVE.
City-St-Zip: BARTOW, FL 33830 USTitle: MGRM () Delete
Name: BASS, GEORGIA
Address: 3349 US HWY 98 E
City-St-Zip: FT MEADE, FL 33841 US**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: MGR (X) Change () Addition
Name: HURST, DAWN M
Address: 680 SOUTH WOODLAWN AVE.
City-St-Zip: BARTOW, FL 33830 US

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: DAWN HURST

MGR

03/30/2005

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