

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000005412

Entity Name: LISTER BUILDERS, LLC

FILED
Aug 26, 2005
Secretary of State

Current Principal Place of Business:

513 MOULTRIE WELLS ROAD
SAINT AUGUSTINE, FL 32086

New Principal Place of Business:

310 E. GOVERNMENT STREET
SUITE D-3
PENSACOLA, FL 32502 US

Current Mailing Address:

513 MOULTRIE WELLS ROAD
SAINT AUGUSTINE, FL 32086

New Mailing Address:

310 E. GOVERNMENT STREET
SUITE D-3
PENSACOLA, FL 32502 US

FEI Number: 20-0626343 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

LISTER, JAMES A
513 MOULTRIE WELLS ROAD
SAINT AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

LISTER, JAMES A
8668 NAVARRE PKWY.
#262
NAVARRE, FL 32566 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: JAMES A. LISTER

08/26/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LISTER, JAMES A
Address: 513 MOULTRIE WELLS ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32086

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LISTER, JAMES A
Address: 8668 NAVARRE PKWY. #262
City-St-Zip: NAVARRE, FL 32566 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: JAMES A. LISTER

MGR

08/26/2005

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