

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90027 043 \*\*\*\*55.00

**DOCUMENT # L04000005849**

1. Entity Name  
**C & R CONSTRUCTION, LLC**

Principal Place of Business  
**13251 ARNOLD RHODEN RD  
GLEN ST. MARY, FL 32040 US**

Mailing Address  
**P. O. BOX 177  
MACLENNY, FL 32063 US**

**20039608**



2. Principal Place of Business  
**10652 Burnsed Crawford Rd**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

01102005 Chg-LLC CR2E083 (10/03)

City & State  
**Glen St Mary FL**  
Zip  
**32040**

City & State  
Country  
**Baker**

4. FEI Number  
**593559290**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**MUSE, PAUL R  
13251 ARNOLD RHODEN RD 10652 Burnsed Crawford Rd  
GLEN ST. MARY, FL 32040**

7. Name and Address of New Registered Agent  
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 **Paul R Muse** **Paul R Muse** **4-20-05**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**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	MGR MUSE, PAUL R 13251 ARNOLD RHODEN RD GLEN ST. MARY, FL 32040	<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	MGR MUSE, CHRIS 13251 ARNOLD RHODEN RD GLEN ST. MARY, FL 32040	<input checked="" 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
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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)(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: **Paul R Muse** **Paul R Muse** **4-20-05** **904 545-8329**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #