2...2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED **DOCUMENT # L04000007519** 2005 APR 19 PH 3: 53 **GRIDLEY CONSTRUCTION & SUPPLY LLC** DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2850 ASSURYHILL 2850 ASBURYHILL TALLAHASSE RL 32312 TALLAHASSE FL 32312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For IAPPLIED FOR Not Applicable Zip Žip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRIDLEY, PATRICK A Street Address (P.O. Box Number is Not Acceptable) 2850 ASBURY HILL TALLAHASSE, FL 32312 City 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 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 **MGRM** ☐ Delete TITLE ☐ Change ☐ Addition **GRIDLEY, PATRICK** NAME NAME STREET ADDRESS 2850 ASBURY HILL STREET ADDRESS CITY-ST-ZIP TALLAHASSE, FL 32312 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP TITLE ☐ Detete TIT) F Change ☐ Addition NAME NAME 900051388899 04/20/05--01047--006 ***50 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **50.00 TITLE Detete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE П Спалде Detete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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:

TED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE