

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

04-21-2005 90028 002 ****55.00

DOCUMENT # L04000011280 1. Entity Name BUILDING BUSINESSES, LLC			
Principal Place of Business P.O. BOX 547357 ORLANDO, FL 32854		Mailing Address P.O. BOX 547357 ORLANDO, FL 32854	
2. Principal Place of Business P.O. Box 547357 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 547357 Suite, Apt. #, etc.	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32854	Country USA	Zip 32854	Country USA
4. FEI Number 74 3114626		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☒		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GENERAL COUNSEL ADVISORS, P.A. 1001 NORTH LAKE DESTINY ROAD SUITE 300 MAITLAND, FL 32751		7. Name and Address of New Registered Agent Name Omar F. Watson Street Address (P.O. Box Number is Not Acceptable) 1009 N Palm Ave City Orlando FL Zip Code 32804	
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: <u><i>Omar F. Watson</i></u> (NOTE: Registered Agent signature required when re-registering) 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 MGR NAME WATSON, OMAR STREET ADDRESS P.O. BOX 547357 CITY - ST - ZIP ORLANDO, FL 32854	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Change ☐ Addition
TITLE MGR NAME EDWARDS, ERIC STREET ADDRESS P.O. BOX 547357 CITY - ST - ZIP ORLANDO, FL 32854	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Change ☐ 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 606, Florida Statutes.			
SIGNATURE: <u><i>Omar F. Watson</i></u>		Date: <u>04.13.05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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