


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90240 046 ****50.00

DOCUMENT # L04000012545 1. Entity Name AMERICAN CRANE SERVICE, LLC					
Principal Place of Business 2504 55TH AVE. NORTH ST. PETERSBURG FL 33714			Mailing Address 2504 55TH AVE. NORTH ST. PETERSBURG FL 33714		
2. Principal Place of Business 2504-55 AVE N. Suite, Apt. #, etc.		3. Mailing Address SAME 2504-55 AVE N. Suite, Apt. #, etc.			
City & State ST. PETERSBURG, FL		City & State ST. PETERSBURG FL		4. FEI Number 56-2437356	
Zip 33714		Country PINELLAS		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CONKRIGHT, RONALD R 2504 55TH AVE. NORTH ST. PETERSBURG FL 33714				7. Name and Address of New Registered Agent Name N.A. 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 Ronald R. Conkright RONALD R. CONKRIGHT 3-17-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
			FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONKRIGHT, RONALD R 2504 55TH AVE. NORTH ST. PETERSBURG FL 33714 <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	<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: Ronald R. Conkright RONALD R. CONKRIGHT 3-17-05 (727) 528-2500 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					