


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2005 8:00 am
Secretary of State

03-17-2005 90138 003 ****50.00

DOCUMENT # L04000013196	
1. Entity Name STEVE HUGHES CONSTRUCTION SPECIALTIES, LLC	

Principal Place of Business 110 BUCKLES DR HOLLISTER, FL 32147	Mailing Address P.O. BOX 261 HOLLISTER, FL 32147
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2. Principal Place of Business 110 Buckles Dr.	3. Mailing Address P.O. Box 261
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Hollister, FL.	City & State Hollister, FL.
Zip 32147	Zip 32147
Country U.S.A.	Country U.S.A.



01052005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent HUGHES, STEVE 110 BUCKLES DR HOLLISTER, FL 32147	
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4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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	DATE
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Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HUGHES, STEVE P.O. BOX 261 HOLLISTER, FL 32147 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Steve Hughes</u>	03/12/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	