

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 11, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90080 020 \*\*\*\*50.00

<b>DOCUMENT # L04000019181</b> 1. Entity Name <b>KINGFISHER CONSTRUCTION, LLC</b>			
Principal Place of Business <b>4201 W. SEVILLA ST. TAMPA, FL 33629</b>		Mailing Address <b>4201 W. SEVILLA ST. TAMPA, FL 33629</b>	
2. Principal Place of Business <b>4116 W Leona St</b> Suite, Apt. #, etc.		3. Mailing Address <b>4116 W Leona St</b> Suite, Apt. #, etc.	
City & State <b>Tampa FL</b>		City & State <b>Tampa FL</b>	
Zip <b>33629</b>		Zip <b>33629</b>	
Country <b>A:11sbougl</b>		Country <b>A:11sbougl</b>	
4. FEI Number <b>02-0722496</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04082005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent <b>HOFMEISTER, ELIZABETH 4201 W. SEVILLA ST. TAMPA, FL 33629</b>		7. Name and Address of New Registered Agent Name <b>Christopher Bates</b> Street Address (P.O. Box Number is Not Acceptable) <b>4116 W. Leona St</b> City <b>Tampa</b> <b>FL</b> Zip <b>33629</b>	
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 <b>4/13/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BATES, CHRIS 930 GENEVA MOORE RD. MCLELLANVILLE, SC 29458 <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	MGRM BATES, KIMBERLY 930 GENEVA MOORE RD. MCLELLANVILLE, SC 29458 <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
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
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:		DATE: <b>4/13/05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DAYTIME PHONE # <b>813-436-6818</b>	

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