

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)



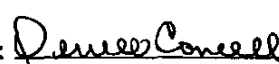
FILED
Aug 23, 2005 8:00 am
Secretary of State

08-04-2005 90079 045 ****50.00

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1st MOORE CR2E083 (10/04)

DOCUMENT # L04000025071					
1. Entity Name CONNELL CONSTRUCTION LC					
Principal Place of Business 6220 ROSS CREEK ROAD LAKELAND FL 33810			Mailing Address 6220 ROSS CREEK ROAD LAKELAND FL 33810		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 86-1106315	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CONNELL, DERRELL 6220 ROSS CREEK ROAD LAKELAND FL 33810			7. Name and Address of New Registered Agent		
			Name		
			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 DERRELL CONNELL				DATE 8-01-2005	
Signature, typed or printed name of registered agent and title as applicable		(NOTE: Registered Agent signature required when reappointing)		DATE	
<p align="center">FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005</p>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CONNELL, DERRELL	NAME			
STREET ADDRESS	6220 ROSS CREEK ROAD	STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33810	CITY-ST-ZIP			
TITLE	MGRM <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAMS, BRIAN	NAME			
STREET ADDRESS	1337 PARKER ROAD	STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33811	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CONNELL, KATHY	NAME			
STREET ADDRESS	6220 ROSS CREEK ROAD	STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33810	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAMS, AMANDA	NAME			
STREET ADDRESS	1337 PARKER ROAD	STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33811	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 		DERRELL CONNELL		8-01-2005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	