2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 25, 2005 8:00 am Secretary of State

DOCUMENT # L04000025829 1. Entity Name CATTANACH CONSTRUCTION LLC					2	08-25-2005 90	-			
Principal Place of Business Mailing Address 4633 STRAUSS ROAD N PLANT CITY, FL 33565 PLANT CITY, FL 33565						. Beni gjen beni ebni ĝe	31 48 11 0 17 9 81 87181 1	? 418 148(8 181		
2. Principal P	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08112005	Chg-LLC	CR2E083	(10/03)			
City & State		City & State		4. FEI Numb			\rightarrow	plied For		
Zip	Country	Zip	Coun	try		of Status Desired		.00 Add	litional	
	6. Name and Address of Current F	Registered Agent		i -	7. Name and	Address of New F	legistered Age	nt -		
				Name						
CATTANACH, WARREN D 4633 STRAUSS ROAD N PLANT CITY, FL 33565				Street Address	treet Address (P.O. Box Number is Not Acceptable)					
19			City				FL	Zip Code		
	named entity submits this statement for	the purpose of changing its	registere	l ed office or regis	tered agent, or bo	th, in the State of Flo		iliar with,	and accept	
SIGNATURE	lions of registered agent.									
	Signature, typed or printed name of registered agent a	nd little if applicable. (NOTE	: Registere	d Agent signature requi	red when reinstating)		DATE			
Due I	ling Fee is \$50.90 by September 7, 2005						e check paya 3 Department		· · · ·	
Due I	ing Fou is \$50.90- by September 7, 2005	RS/MANAGERS	10.				a Department		• • • • • •	
<u></u>	<u> </u>	RS/MANAGERS	10.	E		Florida	Department CHANGES		Addition	
9.	MANAGING MEMBER MGRM CATTANACH, WARREN D		TITLE	E		Florida	Department CHANGES	of State		
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM CATTANACH, WARREN D 4633 STRAUSS ROAD N		TITLE NAM STRE	E Et address		Florida	Department CHANGES	of State		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM CATTANACH, WARREN D	☐ Delete	TITLE NAM STRE CITY	E ET ADDRESS -ST-ZUP		Florida	a Department	of State	Addition	
9. TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE	MANAGING MEMBER MGRM CATTANACH, WARREN D 4633 STRAUSS ROAD N		TITLE NAME STREET CITY	E EET ADDRESS -ST-ZIP		Florida	a Department	of State		
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I hereby certify that the information supplied with this titing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic 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 receives or trustee employmened to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MALLY VVVVVV
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE