2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT (AR) DOCUMENT # L04000028548

NAME STREET ADDRESS

MLE

NAME

CITY - ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

20	ANNUAL	REPORT (AR))	4141	May 16, 2005 8:00 a	
DOCUMENT # L04000028548 1. Entity Name					Secretary of State 04-15-2005 90018 024 ****50.00	
HARRY A	DALBOW BUILDERS LL	.c			,	
Principal Plac	e of Business	Mailing Address		!		
6600 EAST MOBILE ST		6600 EAST MOBILE ST			OCOUUTIO	
INVERNESS	i FL 34452	INVERNESS FL 34452	!			
2. Principal P	Place of Business	3. Mailing Address			Entrial, en reg nien som som stem esta esta est den entre cers si ern	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E083 (10/04)	
City & State		City & State			4. FEI Number Applied For Not Applicable	
Zip	Country	Zip	Cour	ntry	Certificate of Status Desired	
	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
				Name		
DAL	BOW, HARRY A 0 EAST MOBILE ST				Street Address (P.O. Box Number is Not Acceptable)	
	ERNESS FL 34452					
				City	Zip Code	
8. The above	named entity submits this stateme	nt for the purpose of changing its	register	! ed office or registe	red agent, or both, in the State of Florida. I am lamiliar with, and accept	
the obligat	tions of registered agent.		•	J	• , , ,	
SIGNATURE .	***					
	Signature, typed or printed name of registered a			d Agent signeture require		
1		HE WAR THE N	ARE Check Payable to Florida Departme			
	4.	Manager and Conversion of the Native States.	Calter and law	onda Departme av 1. 2005	int of State 1	
9,	14 AND CONC. 145	MBERS/MANAGERS	HEND THREE	u u czeropius i s		
TITLE	MGR	Deleta	10.		ADDITIONS/CHANGES	
NAME	DALBOW, HARRY A		NAM	,	Change Addition	
STREET ADDRESS	6600 EAST MOBILE ST		STRE	ET ADDRESS		
CITY-ST-ZIP	INVERNESS FL 34452		CITY	-S1-ZIP		
THILE	MGR	☐ Delete	TITL	i	☐ Change ☐ Addition	
name Street address	DALBOW, LORRAINE A 6600 EAST MOBILE ST		NAM	- 1		
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CITY-ST-ZIP		<u> </u>	CITY	-SI-ZIP		
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1117.6	t	L. U9160	■ 111-L	. 1	Litange LAddition	

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Deteta

☐ Change

☐ Addition

FILED