


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 16, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90018 024 \*\*\*\*50.00

|   |  |                                 |  |   |   |
|---|--|---------------------------------|--|---|---|
| <b>DOCUMENT # L04000028548</b>  |  |                                 |  |                |   |
| 1. Entity Name<br><b>HARRY A DALBOW BUILDERS LLC</b>  |  |                                 |  |   |   |
| Principal Place of Business<br><b>6600 EAST MOBILE ST<br/>INVERNESS FL 34452</b>  |  |                                 | Mailing Address<br><b>6600 EAST MOBILE ST<br/>INVERNESS FL 34452</b> |   |   |
| 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<br><b>59-3198359</b>  |   |
|   |  |                                 |  | Applied For<br><input type="checkbox"/> Not Applicable  |   |
|   |  |                                 |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |   |
| 6. Name and Address of Current Registered Agent<br><b>DALBOW, HARRY A<br/>6600 EAST MOBILE ST<br/>INVERNESS FL 34452</b>  |  |                                 | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE _____   |  |                                 |  |   |   |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2005</b>  |  |                                 |  |   |   |
| 9. MANAGING MEMBERS/MANAGERS  |  |                                 | 10. ADDITIONS/CHANGES  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | MGR<br>DALBOW, HARRY A<br>6600 EAST MOBILE ST<br>INVERNESS FL 34452    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | MGR<br>DALBOW, LORRAINE A<br>6600 EAST MOBILE ST<br>INVERNESS FL 34452 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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: <i>Harry A Dalbow</i>  |  |                                 | Date: <b>4-11-05</b> Daytime Phone #: <b>352-563-9768</b>            |   |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  |                                 |  |   |   |